Government of Saskatchewan

Annual Report 1986-87

Saskatchewan Hospital Services Plan

April 1, 1986 to
March 31, 1987

T.C. Douglas Building
3475 Albert Street
Regina, Saskatchewan S4S 6X6

ISSN 0382-3725

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Highlights for 1986-87

- Effective April 1, 1986 the Information Systems Branch of Saskatchewan Health became responsible for issuing health services cards to eligible residents and for the provision of assistance to residents applying for health care through centralized regional offices.
- Construction was completed on 8 integrated facilities and construction began on new facilities at Fillmore and Mankota.
- Phased construction is continuing on the Wascana Rehabilitation Centre at an estimated cost of $56 million.
- Construction on Package 3 at Regina General Hospital with an estimated value of $28 million is proceeding on schedule.
- The new Saskatoon City Hospital, representing a cost exceeding $112 million, is currently in the design stage.
- Construction is on schedule for the $52.7 million Phase 1 expansion at St. Paul's Hospital, Saskatoon.
- The two floor expansion at University Hospital is proceeding on schedule at an estimated cost of $27 million.
- Construction on the $16.4 million Saskatoon Cancer Clinic is underway.
- A new 70 bed hospital at Nipawin was officially opened in the summer of 1986.
- The major hospital expansion project at Yorkton was completed in 1986.
- Hospital construction is well underway at Watrous, Watson, Lloydminster and Hudson Bay while Maidstone will be completed in the spring of 19 7.
- Supplemental funding was provided to Saska oon hospitals to alleviate surgical waiting lists.
- Enrichment funding was provided for additional therapist positions in the Children's Rehabilitation Centre at the University Hospital in Saskatoon.
- Expanded ultrasound programs were approved in the seven regional hospitals.
- Small hospital staffing was enriched to provide for a minimum of two staff members on each shift.
- Significant enhancements for bedside patient care staffing was provided under the Patient Care Fund.
- Construction began on the Psychiatric Unit at the University Hospital for the expansion of an additional five beds.
- Funding was approved for the acquisition of 4 new C.T. scanners in Regina and Saskatoon hospitals, bringing the total number in the province to 6.

TO THE HONOURABLE FREDERICK W. JOHNSON,
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

I have the honour to present the annual report of the Saskatchewan Hospital Services Plan for the fiscal year ended March 31, 1987.

Respectfully submitted,

George McLeod,
Minister of Health

TO THE HONOURABLE GEORGE MCLEOD,
Minister of Health

Sir:

I am pleased to present the annual report of the Saskatchewan Hospital Services Plan for the fiscal year ended March 31, 1987.

Respectfully submitted,

Walter Podiluk,
Deputy Minister of Health

Organization Structure

The Plan's organization structure at year end is shown in the accompanying organization chart.

The main responsibility of the various sections within the Plan are as follows:

Hospital Services is responsible for the review and allocation of operating funds and program planning for all acute care hospitals in the province. The unit also determines funding for other health agencies such as community clinics, and community health and social centres.

Finance is responsible for the financial planning and control of the Plan's program budget, management of the Saskatchewan Hospitalization Fund, and the administration of The Hospital Revenue Act. This unit is also responsible for the analysis of financial statements and budgets submitted by the various health care facilities in the province.

Hospital Standards is responsible for the maintenance of adequate standards in hospitals. This program is carried out through visits to hospitals by standards consultants in the areas of nursing, laboratory, dietary, physical therapy and health records. Consulting services in pharmacy and radiology are also available in the Plan.

Community Health Services is responsible for program planning for the province's community clinics, community health and social centres, and private practice physical therapy facilities under contract to the Minister of Health. This unit is responsible for the budget review and allocation of funds to these facilities, and to the Saskatchewan Cancer Foundation.

Administrative Services provides general administration services to the Plan, in addition to being responsible for the personnel and procurement functions. This unit also administers provisions of The Union Hospital Act.

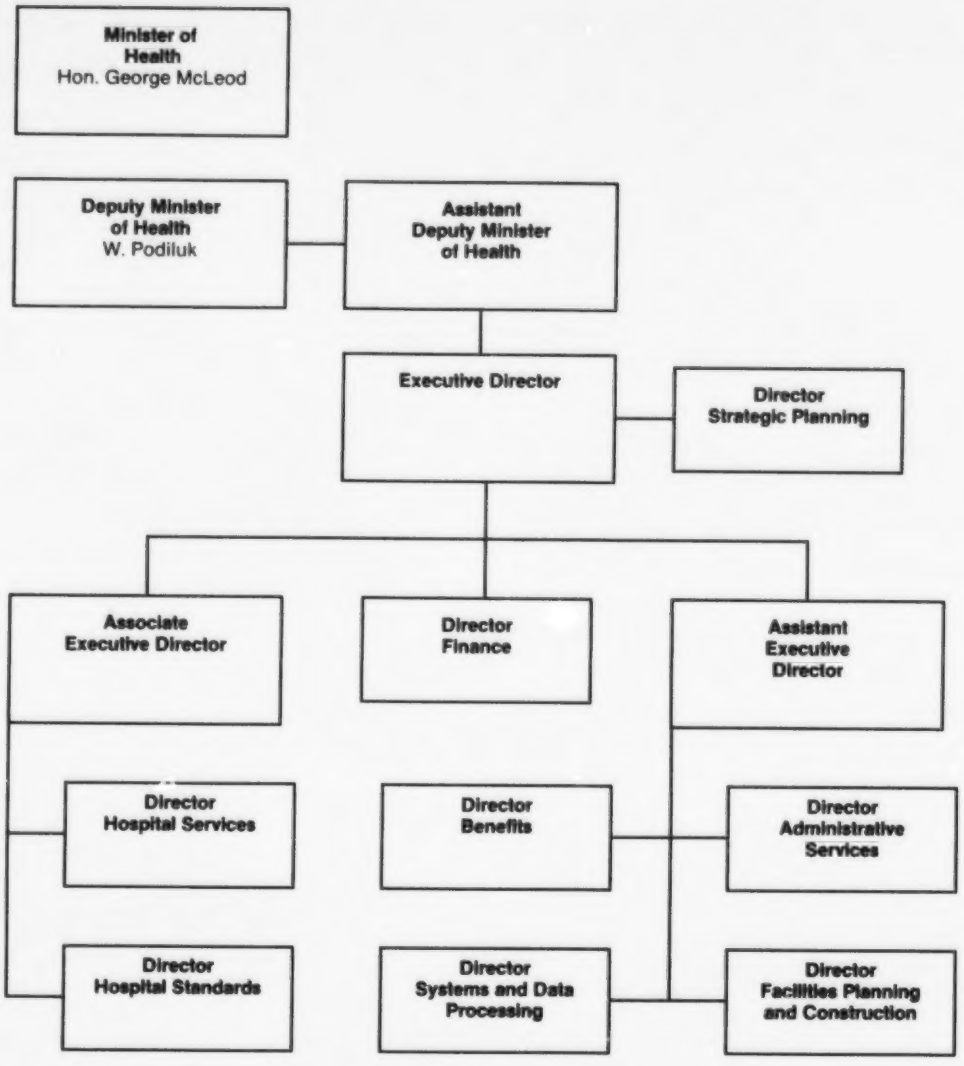
Facilities Planning and Construction is responsible for planning assistance, review and recommend approval of construction projects, and for the subsequent provision of financial grants to hospitals with approved capital projects.

Systems and Data Processing is responsible for system design and analysis carried out in the Plan. This unit assists the Plan and various branches of the Department in meeting their responsibilities through an extensive management information system. The systems and data processing unit also provides services to other government departments and agencies.

Benefits is responsible for processing all reports of separations from Saskatchewan hospitals and payments for services provided to Saskatchewan residents by out of province hospitals. This unit also processes payments for claims submitted by private physical therapy and osteopathy facilities which have entered into an agreement with Saskatchewan Health to provide services under the Plan and administers the third party liability recovery program.

The services of a medical consultant are available to the Plan upon request. Assistance is also obtained from the Policy Research and Management Services Branch of Saskatchewan Health in carrying out research and development activities.

Organization Chart



March 31, 1987

Objectives and Responsibilities of the Plan

- To administer the Saskatchewan hospital care insurance program.
- To fund hospitals at a rate approved by the Plan for necessary care provided to beneficiaries.
- To ensure the maintenance of minimum standards of safety and patient care in hospitals.
- To authorize the expansion, improvement or addition of programs in hospitals.
- To fund other approved facilities and programs for insured services provided to beneficiaries.
- To provide planning assistance for hospital construction.
- To provide advisory services to hospitals and municipalities in the administration of The Union Hospital Act.
- To administer the provisions of The Hospital Revenue Act.

Registration Eligibility and Benefits

Legislative and Regulatory Authority

The Saskatchewan Hospitalization Act and Regulations provide authority for the operation of the province's hospital care insurance program.

Eligibility for Benefits

Permanent residents of Saskatchewan, who have registered, are entitled to a broad range of Saskatchewan health services.

Applications and assistance in registering are available at the Health Insurance Registration offices in Regina, Saskatoon, Prince Albert, North Battleford, Yorkton and Swift Current. Municipal administration offices in other locations maintain a supply of application forms and information pamphlets.

After registration, benefits for new residents entering Saskatchewan from other parts of Canada are provided from the first day of the third calendar month following the date of establishing residence in the province.

After registration, benefits for new residents entering Saskatchewan from outside Canada (see list below) are provided from the date they establish residence in Saskatchewan:

- Returning Canadian citizens
- Returning residents
- Landed immigrants
- Non-immigrants including members of religious orders in Canada to carry out their duties, students, or persons engaged in a legitimate trade, profession or occupation
- Discharged members of the R.C.M.P. and Canadian Forces.

Members of the Canadian Forces, The Royal Canadian Mounted Police and inmates of the federal penitentiaries are excluded from registering since they receive benefits under federal programs.

Beneficiaries who leave the province to reside elsewhere are provided benefits only for the month during which they establish permanent residence elsewhere, plus the next two full months.

Persons who enter into employment contracts for work outside of Canada, not exceeding 24 months, and who intend to return and reside in the province may be eligible for benefits for the entire period of their employment.

Certain residents become beneficiaries as a result of other provincial programs such as:

- Saskatchewan Assistance Plan recipients who have been nominated for health services benefits
- Children in the care of the Minister of Social Services
- Inmates while serving a sentence in a provincial correctional institution
- Inpatients in mental hospitals and persons voluntarily admitted to psychiatric wards.

Saskatchewan students who leave the province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon completion of their studies are eligible for benefits for the duration of their studies outside of Saskatchewan.

Benefits

Benefits are available to beneficiaries without regard to age or pre-existing medical conditions.

In Saskatchewan, the Plan pays on behalf of beneficiaries for most services which are normally provided by hospitals for inpatient and outpatient care. This includes services provided by certain community health associations and community health and social centres. In addition, services provided by certain physical therapy and osteopathy facilities are paid for provided these facilities have entered into an agreement with Saskatchewan Health to provide insured services.

In other provinces or territories of Canada coverage is extended to beneficiaries who are temporarily absent from the province for treatment in approved hospitals. Standard ward care is paid at the per diem rate established by the provincial or territorial authority. Outpatient service that is a benefit in Saskatchewan is fully insured.

Beneficiaries temporarily absent from Saskatchewan are also entitled to payment for services received in approved hospitals outside Canada. Payment for hospitalization is based on the average daily charge to a maximum equal to the average daily rate for Regina and Saskatoon hospitals in the preceding year. The rate for the fiscal year April 1, 1986 to March 31, 1987 was $305 per day.

Where the charges for hospital services received outside Canada are stated in United States currency, payment is made as though the charges had been stated in Canadian currency.

If a beneficiary is referred outside Canada by one of the Saskatchewan Health agencies indicated below to obtain treatment not available in Saskatchewan, the Plan will pay all fair and reasonable charges, including exchange on U.S. currency. Payment is made only for insured hospital services received. Requests for approval of benefits for out of province referrals must be made by a Saskatchewan specialist physician to the Out-of-Province Committee of the Saskatchewan Medical Care Insurance Commission, the Saskatchewan Cancer Foundation or the Saskatchewan Alcohol and Drug Abuse Commission.

Outpatient services provided by approved hospitals outside Canada are also covered by the Plan provided the services are a benefit within Saskatchewan. Accounts are normally paid at the full amount charged, less exchange on U.S. currency.

Extended Care

(Levels 2, 3 or 4) (Refer also to page 11 of this report).

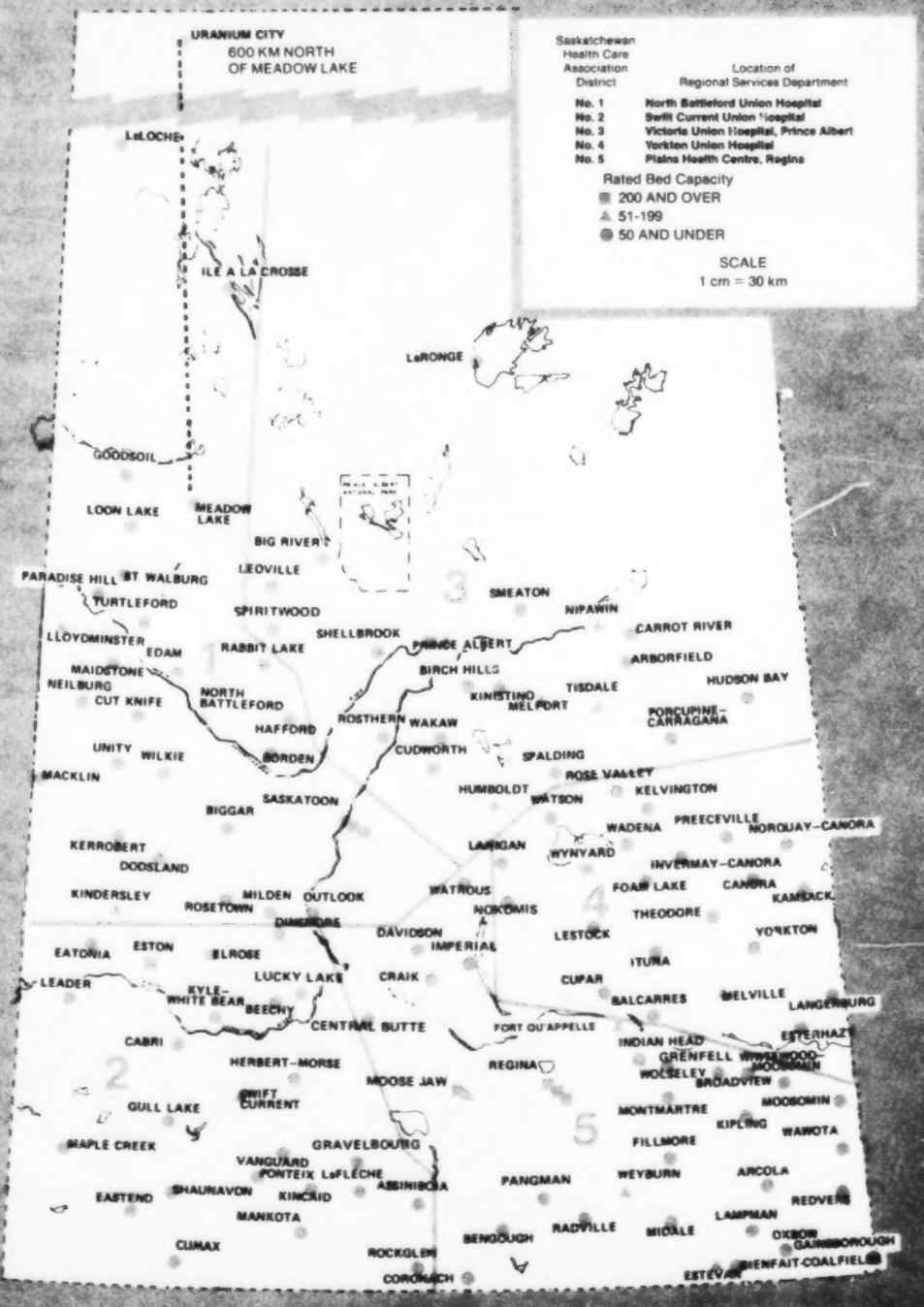
Patients who have been assessed as requiring Levels 2, 3 or 4 care and who occupy hospital beds in Saskatchewan hospitals are not eligible for benefits under The Saskatchewan Hospitalization Act. The patient is personally responsible for payment of a monthly residential charge which is adjusted quarterly. The charge in effect at March 31, 1987 was $509 per month.

Non-Benefits

The following services, materials and charges are not insured:

- Extended Care (Level 2, 3 or 4) within Saskatchewan
- Inpatient and outpatient services provided for reasons other than medical necessity
- Extra cost for private or semi-private ward accommodation when chosen by the patient, not ordered by a physician
- Services of persons not employed by the hospital
- Care in a hospital or home providing custodial care only, or in a hospital or other institution primarily concerned with the care and treatment of patients having mental or nervous disorders
- Generally, hospital care involved with cosmetic surgery. (However, in certain cases cosmetic surgery may be covered. The attending physician may obtain information by writing to the Saskatchewan Medical Care Insurance Commission.)
- Certain drugs, biologicals and related preparations
- Treatment provided by facilities within Saskatchewan other than hospitals unless the facility has an agreement with Saskatchewan Health to provide insured services
- Treatment rendered by facilities outside Saskatchewan, which are not provided in approved hospitals, e.g. physiotherapy provided by private physical therapists or services provided by a psychiatric facility
- Transportation costs (road and air ambulance service), except road services between hospitals in the same cities of Regina, Saskatoon, Prince Albert and Moose Jaw
- Services provided outside Canada for the treatment of cancer including the use of cancer treatment drugs or procedures not approved by the Saskatchewan Cancer Foundation
- Take home drugs and appliances.

General Hospitals in Operation at March 31, 1987



Hospital Services

General (Acute) Hospital Care

Legislative and Regulatory Authority

The Hospital Standards Act and Regulations provide the authority for payment to approved hospitals and institutions for services provided to beneficiaries under The Saskatchewan Hospitalization Act.

Method of Payment

The Plan does not provide services to beneficiaries directly. The services which constitute benefits under The Saskatchewan Hospitalization Act are provided by hospitals and a limited number of other facilities. Section 6 of The Saskatchewan Hospitalization Act authorizes the Minister of Health to make payments to hospitals and other facilities providing necessary care to beneficiaries. Almost all hospital care provided by hospitals in Saskatchewan is to beneficiaries of the Plan.

The Plan does not pay hospital accounts for individual beneficiaries who require care. Instead, it pays what it considers to be the reasonable net operating costs to hospitals, that is, the total approved expenditures less revenue from sources other than the Plan. Hospitals supply the services insured by the Plan without charge to beneficiaries.

Semi-monthly payments are made to hospitals by the Plan on the basis of the estimated reasonable cost of providing insured services by each hospital in a fiscal year.

Three primary factors determine the amount paid to each hospital. They are:

- The types of services each hospital should provide
- The volume of services each should provide
- The total cost of efficiently providing these services.

The following is a brief description of how each of these factors is assessed by the Plan.

Types of Services

One of the basic objectives of the Plan is to promote the distribution of hospital facilities and services to the people of Saskatchewan as equitably and economically as possible. To accomplish this, the Plan evaluates each hospital in a geographic region to determine the services it is best able to provide, and to ensure that the proper complement of services is available to the people of the region.

The general hospitals in the province are divided into three broad groups according to the types and level of service they are qualified to provide:

- District or community hospitals are usually smaller hospitals at which residents of a local area receive basic hospital services.
- Regional hospitals provide basic hospital care to residents in their immediate vicinities. They also provide a wider range of services than district or community hospitals, act as referral centres for people from outside their immediate vicinity, and assume a limited role in education.
- The base hospitals are those located in Regina and Saskatoon. They serve as community hospitals for the population of their immediate vicinities. They also provide comprehensive hospital services, act as the major referral centres for the province and perform a major role in research and education. The Wascana Hospital, a former division of the South Saskatchewan Hospital Centre in Regina and now known as the Wascana Rehabilitation Centre, provides specialty service in physical and occupational rehabilitation.

Volume of Services

Another basic objective of the Plan is to assess the volume of services to be provided by each hospital. To accomplish this, a formula has been developed which is used to determine what the Plan considers to be a reasonable number of approved patient days to be provided by a hospital based on the population and composition of the population it serves.

The formula consists of the following calculations:

1. **Age-Sex Adjustment**

The Plan recognizes that the age and sex of the population of communities served by a particular hospital affects the volume of care, and therefore needs to be adjusted. By comparing the provincial average utilization by age and sex groupings with the total average utilization in the province, a ratio for each sex and five-year age group can be calculated. By applying this ratio to the number of persons in each age-sex grouping of a given population (municipality, town, etc.), an age-sex adjusted population for each municipality is produced. If the provincial average utilization for a specific age-sex group is greater than the average for all ages and both sexes, then the ratio would be greater than one (1.0) and the adjusted population will exceed the actual number of persons in this age-sex group.

Example:

Number of males in municipality Z in the age group 70 - 74 = 15

Provincial average utilization experience for all males age 70 - 74 = 4,800 days per 1,000 covered population

Provincial average utilization experience for all persons = 1,600 days per 1,000 covered population

Adjusted number of males in municipality Z in the age group of 70 - 74 $= \frac{4,800}{1,600} \times 15 = 45$

2. **Population Served**

The age-sex adjusted population count for each municipality is then used to determine the population served by each hospital. For each municipality, the ratio of the number of residents discharged from a particular hospital to the total number of discharges from all hospitals of persons from that municipality in a year is determined. This ratio is then used to calculate the adjusted population "credit" for that hospital, and the sum of these credits for each municipality produces the population "served by" that hospital.

Example:

Number of discharges from Hospital A of persons from municipality Z = 100

Number of discharges from all hospitals of residents of municipality Z = 300

Total adjusted population of municipality Z = 3,000

Ratio served by Hospital A = 100 ÷ 300 = 1/3

Adjusted population credit for Hospital A
= 3,000 x 1/3 = 1,000

This is repeated for each municipality in which persons discharged from Hospital A reside. The sum of the number of persons served from each municipality is the population served by the hospital.

3. **Average Days of Stay Adjustment**

The population served requires a further adjustment since the average days of stay is not the same for all hospitals. Generally the large hospitals providing care for more complicated cases have a longer average stay than the small hospital. Hospitals are therefore grouped by bed size, and the ratio of the average days of stay for hospitals in the group to the average days of stay for all hospitals in the province is calculated. The population served for a given hospital is then multiplied by the ratio for its group and so adjusted for length of stay.

Example:

If for the bed size group 10 - 24 beds, the average days of stay is 7.4 days and for all hospitals it is 8.0 days, then for each hospital in this group the population served is multiplied by the fraction 7.4 over 8.0, and is thus reduced to allow for the shorter than average days of stay experienced in hospitals in this bed size group.

4. **Determination of Approved Patient Days**

The population served, adjusted for average days of stay, is then multiplied by an approved beds per thousand population factor, to determine the approved patient days. This formula incorporates separate factors for Registered Indian and non-Indian populations to adjust for the high utilization rate experienced by Registered Indians.

Since July 1, 1976, the volume of inpatient services approved by the Plan for the non-Indian population has been based on the average 5.03 persons per thousand adjusted non-Indian population requiring hospital care per day. For the Registered Indian population, the formula assumes an average of 8.7 persons per thousand adjusted Indian population requiring hospital care per day.

An estimate of those patients days which are not the responsibility of the Plan but which are provided by the hospital is added to establish the total number of approved patient days.

Example:

Assume a hospital served the following adjusted population (i.e. population adjusted for age-sex and average days of stay):

Non-Indian — 20,000
Indian — 2,000

Also assume the average days of stay to be 7.4, with the provincial average for all hospitals being 8.0 and non-Plan days estimated at 500. The approved number of patient days would be calculated as follows:

$$\frac{(20{,}000 \times 5.03)}{1{,}000} + \frac{(2{,}000 \times 8.70)}{1{,}000} \times \frac{7.4}{8.0}$$

x 365 + 500 = 40,340

or an average of 110.5 (40,340 ÷ 365) patients per day.

The number of patient days of care actually provided by a hospital may vary from the approved patient days determined by the application of the formula. The approved patient days, as determined by the application of the formula, represents the maximum volume that will be approved by the Plan. Where hospitals provide a lower volume, the actual experience is approved.

Cost of Providing the Services

The Plan determines the number of patient days approved for each hospital and advises the hospital of the number prior to the beginning of that budget year. Each hospital then submits an operating budget for the year based on this information.

The hospital may submit a supplementary budget for new services which it would like to provide in the coming year. If approved by the Plan additional funds will be provided for these services.

Each hospital budget is reviewed by the Plan on the basis of providing a reasonable level of funding for the volume and type of service the hospital is expected to provide.

The Plan's portion of the net approved expenditures less estimated income, is paid to each hospital in equal semi-monthly sums.

Global Budgeting

The global budget concept is one which allows the hospital flexibility in the allocation of the approved

operating budget. It is intended to encourage hospitals to utilize their resources in an efficient and effective manner and maintain acceptable standards of patient care.

When a hospital initially adopts the global budget system, the baseline (approved gross operating expenditures) is established on a line-by-line basis.

In subsequent years of the global budget cycle, the baseline (excluding line-by-line items) is increased by a composite percentage to provide for anticipated increases in the costs of hospital operation.

A year-end review is carried out by the Plan and adjustments are made for the line-by-line items, increases or decreases in incomes, and for significant increases or decreases in volumes of services.

Under a surplus sharing formula, hospitals are permitted to retain a certain amount of any operating surplus that may occur.

A Global Budget Liaison Committee consisting of representatives from hospitals and the Plan has been established for the following purposes:

- To recommend policies and procedures as they relate to the global budget review system
- To review and assess the application of the global budget review system
- To provide an evaluation of the global budget review system.

In 1986-87 the Plan reviewed service volumes for all global hospitals.

As a general rule, the global budget system is mandatory for all base and regional hospitals. It is optional for all other hospitals. In 1986-87, 19 hospitals participated in the global budget system.

Major Activities and Development

Southern Saskatchewan Dialysis Program

The volume of dialysis treatments funded by Regina General Hospital to support kidney patients residing in southern Saskatchewan was increased by 26%.

C.T. Scanning

In 1986-87 funding was approved for the acquisition of four additional C.T. scanners increasing the number of scanners in the province from 2 to 6. This funding will allow scanners to be located in the following base centres: University Hospital, City Hospital, St. Paul's Hospital, Regina General Hospital, Pasqua Hospital and Plains Health Centre.

Regional Diagnostic Ultrasound

Diagnostic ultrasound services were expanded to specialty areas in seven regional hospitals. Previously, this service was limited to obstetrical diagnostic ultrasound only.

Waiting List Reduction Program

In 1986-87 approximately $5 million in operating and $1.3 million in capital funds were provided to Saskatoon hospitals to control surgical waiting lists.

Employees' Health Care Safety Program

This program was funded through the Saskatchewan Health-Care Association to reduce the incidence and the costs associated with injuries to employees working in Saskatchewan hospitals.

Minister's Advisory Committee on Rural Medical Practice

The Minister's Advisory Committee was established in June, 1984. Its terms of reference were to examine the major issues and factors affecting the provision of physician services in rural Saskatchewan and to recommend changes necessary for improvement.

The report of the Advisory Committee has been completed and circulated to interested individuals and agencies in Saskatchewan.

Extended Care

Definition

Extended Care (specifically Level 4) services involve the provision of patient care on a long-term continuing basis under medical supervision. Nursing care is provided under professional nursing supervision and highly skilled technical nursing services must be readily available.

There are three classifications of Level 4 care:

Level 4a: Specialized Supervisory Care — emphasizes the management of advanced mental deterioration with its attendant problems. Physical conditions requiring continuing medical supervision are likely to co-exist.

Level 4b: Supportive Care — emphasizes skilled nursing care and specialized techniques to arrest or retard physical deterioration.

Level 4c: Restorative Care — emphasizes a restoration program designed to improve functional ability to the extent that the patient may return to the home or to a facility providing a lesser level of care.

In 1986 there were 129,541 people or 12.44 percent of Saskatchewan residents over 65 years of age. Recent population projections indicate the over 65 year age group in Saskatchewan will continue to increase both as a percentage of the total population and in absolute numbers. The majority of Level 4 patients are in the 65 year and over age group.

Policy

Responsibility for the provision of extended care (Level 4) services was transferred to the Continuing Care Branch, Saskatchewan Health effective April 1, 1983.

Level 4 beds are available in extended care facilities such as the Parkland Regional Care Centre at Melfort, Palliser Regional Care Centre at Swift Current, Souris Valley Regional Care Centre at Weyburn, Frank Eliason Center and the Sanatorium at Saskatoon, Battlefords Regional Care Centre at North Battleford, all of which come under the jurisdiction of the Continuing Care Branch, Saskatchewan Health.

Regional extended care (Level 4) units are located in four Saskatchewan hospitals, namely the Yorkton Union, Prince Albert Victoria Union, Moose Jaw Providence and Wascana Rehabilitation Centre in Regina. Other designated units are identified in Table 1 (page 12).

Community hospitals, located in centres without a regional facility, have the option of allocating up to two beds for Level 4 (b) services, with incremental funding provided by the Plan. These facilities can also provide additional Level 4 services through conversion of approved Level 6 beds. As of March 31, 1987, 91 community hospitals allocated 179 beds for Level 4 care. There were an additional 230 Level 4 patients occupying acute care beds who were awaiting transfer to designated Level 4 beds.

Admission and Discharge Arrangements

Admission of patients to Level 4 beds, including the Level 4b beds in local community hospitals, is made through an admission and discharge committee established for each regional Level 4 facility. All applications originate from the patient's attending physician and if the assessment of the committee confirms the medical opinion of the patient's attending physician that he or she requires Level 4 care, then such care can be provided in an approved facility.

During 1984-85, a number of communities began forming District Co-ordinating Committees which include representatives from agencies providing services to those requiring long-term care. District Co-ordinating Committees are a local forum for co-ordinating service delivery. They provide a single point of entry for information and services thereby reducing unnecessary duplication. Many of these committees have already assumed responsibility for Level 4 assessment.

Level 4 Beds in Saskatchewan

The following table lists the Level 4 facilities and beds presently available within the province.

Table I
Extended Care (Level 4) Facilities
(as of March 31, 1987)

Area	Hospital	Number of beds
Regina*	Wascana, Regina General, Plains & Pasqua Hospitals	176
Saskatoon**	Frank Eliason Centre and the Sanatorium	194
Swift Current	Palliser Regional Care Centre	122
Melfort	Parkland Regional Care Centre	120
Prince Albert***	Victoria Union & Holy Family Hospitals	99
Yorkton****	Yorkton Union Hospital; St. Peter's Hospital, Melville	70
Weyburn	Souris Valley Regional Care Centre	310
Moose Jaw	Providence Hospital	42
North Battleford	Battlefords Regional Care Centre	102
Community Hospitals		179
	Total Beds	1,414*****

* Includes 131 level 4 beds at Wascana, 25 at Regina General and 20 at Pasqua.
** Includes 65 level 4 beds at the Sanatorium, and 129 at the Frank Eliason Centre.
*** Includes 84 level 4 beds at Prince Albert Victoria and 15 at Holy Family.
**** Includes 60 level 4 beds at Yorkton Union and 10 at St. Peter's, Melville.
***** Does not include level 4 patients occupying acute care beds.

Integrated Facilities

This new health initiative, when introduced in October 1984, provided for four pilot projects at Lampman, Lucky Lake, Rose Valley and Fillmore. The pilot program was expanded in the 5 Year Construction Plan announced by the Minister of Health on April 15, 1985. As of March 31, 1987 six integrated facilities were in operation, construction was completed on a further two integrated facilities, and two were under construction.

Integrated facilities are single structural and organizational entities which incorporate a hospital and a licensed special-care home. They are designed to meet the needs of smaller communities which have limited long term care and acute care needs. The integrated facility model stresses planned integration at all levels (administration, staff, physical plant).

To be eligible for an integrated facility, the community must meet a number of criteria. There must be a small hospital in the community, and the hospital should be in need of renovation or replacement. As well, there should be no existing special-care home in the community. However, there should be a need for improved local accessibility to long term care beds. In addition, there should be local support for the integrated facility concept.

Integrated facilities operate under the following guiding principles. There should be recognition of the different care needs of the acute and long term care population and that heavy long term care will be provided. There should also be optimum utilization and integration of care staff (professional nurses, aides, activity workers) and support staff (dietary, housekeeping, laundry, maintenance). In addition there should be one organizational and administrative unit as well as one budget. The hospital and special-care home portions of the facility should each have its own board and the same individuals may serve on both boards. Moreover, the boards may enter into a contractual agreement to enable the union hospital board to operate the entire facility in the name of both boards.

The Plan is responsible for providing administrative support to integrated facilities. As well, the facility will be subject to The Union Hospital Act and The Hospital Standards Act. The Continuing Care Branch of Saskatchewan Health has program responsibility for special-care residents and licenses the special-care beds under The Housing and Special-Care Homes Act.

Table II
Integrated Facilities
as of March 31, 1987

Name	Long Term Bed Capacity	Acute Bed Capacity	Status
Lampman Community Health Centre	19	6	Operational
Lucky Lake Community Health Centre	12	8	Operational
Nokomis Health Centre	12	10	Operational
Rabbit Lake Integrated Facility	12	10	Operational
Rose Valley Integrated Care Facility	12	16	Operational
L. Gervais Memorial Health Centre, Goodsoil	12	11	Operational
Dinsmore Union Hospital (Prairie Manor Health Care Centre)	12	10	Construction Complete
Gainsborough and Area Health Centre	12	10	Construction Complete
Fillmore Union Hospital and Integrated Facility	13	12	Under Construction
Prairie View Health Centre, Mankota	12	9	Under Construction

Hospital Standards

Legislative and Regulatory Authority

The Hospital Standards Act is the primary legislation which governs the standards of patient care provided by Saskatchewan hospitals.

The Act includes a section which provides the authority for the inspection of hospitals to ensure that minimum standards of patient care and safety are maintained in their operation, maintenance and management.

Regulations under the Act establish specific requirements in the areas of:

- Hospital management and administration
- Physical facilities
- Patient care services
  - — nursing
  - — radiology
  - — laboratory
  - — physiotherapy
  - — pharmacy
- Support services
  - — dietetics
  - — maintenance
  - — housekeeping
- Health records
  - — compilation
  - — retention
  - — confidentiality
- Medical and dental staff
  - — organization
  - — surgical
  - — anaesthesia
  - — maternal
  - — newborn
- Special services
  - — disaster and fire plans
  - — infection control
  - — waste disposal
- Other matters affecting hospitals.

Standards of Patient Care

The Hospital Standards Section of the Plan has a major responsibility for ensuring the maintenance of acceptable standards of safety and patient care by hospitals. The Plan employs consultants in nursing, dietetics, health records, laboratory and physiotherapy. In addition, technical assistance in medicine, pharmacy and radiology is provided. The consultants visit hospitals on a routine basis to ensure that acceptable standards of safety and patient care are maintained in the entire spectrum of hospital services. Special attention is paid to quality and safety of hospital services provided to patients in compliance with existing legislation, bylaws and professional practices and techniques.

Additional responsibilities of the hospital standards consultants include:

- Provision of consulting service to hospitals
- Internal consulting services to other sections of the Plan

- Special projects or studies
- Liaison with professional organizations and health care agencies.

Inspections relating to maintenance of fire safety standards in hospitals are carried out by inspectors from the Provincial Fire Commissioner's Office. The Occupational Health and Safety Branch of the Department of Labour administers programs concerned with the health and safety of employees in hospitals. Health inspectors make annual visits to review hospital sanitation practices. In all cases, each area of hospital operation is reviewed by those individuals who are most qualified and competent to do so.

Further influence on the standards of hospital management is effected through a periodic review of the general and medical staff bylaws of hospitals by the Plan's staff. In addition, hospitals must have documented formal procedures for the implementation of disaster plans and fire drills. These plans must be reviewed annually and exercised in accordance with The Hospital Standards Act.

Although the overall responsibility for processing construction projects rests with the Plan's Facilities Planning and Construction section, hospital standards consultants and hospital administration analysts review and assess proposals for all hospital renovations or new construction projects. Such reviews are undertaken to ensure that the physical facilities are adequate for providing a suitable level of service with respect to function, safety and efficiency of operation.

Facilities Planning and Construction

Legislative and Regulatory Authority

Regulations under The Hospital Standards Act state that no building shall be constructed or acquired for hospital purposes and no hospital shall be altered by enlarging or remodelling until prior approval has been obtained from the Minister of Health.

The Health Services Act empowers the Minister of Health to make grants, subsidies or loans to local governing authorities, hospital boards and health regions for the provision and operation of health services or public health services.

Responsibility

The Plan is the agency responsible for reviewing all proposals submitted for hospital construction projects, and for administering a program of financial assistance (in the form of loans from Supply and Services). The Plan also provides information and advice to health care organizations, hospital boards and other government agencies on matters related to planning, finance and the development of hospital facilities in Saskatchewan.

Provincial Construction Funding

Provincial funding assistance is provided to help finance the cost of approved hospital construction and renovation projects costing in excess of $10,000. Projects costing less than $10,000 are not eligible for funding assistance except where desirable operating efficiencies can be achieved and a saving in operating costs would result.

Lampman Community Health Centre

The funding formula for hospital construction is scaled according to the function of the hospital. Public general hospitals in the province are categorized as base, regional and community by function, and are eligible to receive financial assistance in the following percentages:

- Base Hospital — 100% of approved capital budget
- Regional Hospital — 70% of approved capital budget
- Large Community Hospital (50 or more ADC) — 60% of approved capital budget
- Small Community Hospital (up to 50 ADC) — 50% of approved budget.

Under certain circumstances it is possible for hospitals engaged in major construction to qualify for additional funding, known as the Cost Protection formula, to supplement the basic provincial funding mentioned earlier. The policy recognizes that, while construction costs are similar from one district to another, local ability to pay is governed by the current equalized assessment. Consequently, eligibility for the Cost Protection formula will occur when, after calculating the basic provincial funding and after adding grants from federal or other provincial government agencies or crown corporations, the hospital's principal portion remaining exceeds an amount equivalent to five mills over a period of 10 years.

In essence, approved costs over that amount (5 mills x 10 years) will be assumed by the province, to a maximum of 85% of approved project costs, while lesser amounts are the responsibility of the hospital.

The Cost Protection formula is applied using the most current equalized assessment information available from the Local Government Board at the time of tender award.

Religious hospitals have no direct taxing authority to support capital projects. A Cost Protection formula has therefore been designed for this group of hospitals. Eligibility for cost protection will occur when, after calculating the basic provincial funding and after adding grants from federal or other provincial government agencies or crown corporations, the hospital's portion remaining exceeds $500,000. If the hospital's share exceeds $500,000, the province will share all costs over that amount on a 50-50 basis.

Community health and social centres are eligible to receive construction funding assistance equal to 60% of the approved capital cost, up to a maximum of $27,000. These funds can be used for renovating an existing facility or for new construction.

Major Activities and Developments

- Construction continues on the Wascana Rehabilitation Centre, Regina. A regeneration of the existing Rehabilitation Centre, this $56 million project will be carried out in a number of stages or phases over the next five years. A $26 million contract for the Therapy Building forming part of Phase 1 was awarded in early March, 1987. Phase 2 and 3 are in the planning stages. The total project will be completed in 1991.

Wascana Rehabilitation Centre

- Package 3 at Regina General Hospital, with a value of $28 million, is under construction. With completion scheduled for 1988, this package will provide diagnostic and treatment areas as well as inpatient nursing units.

- The Saskatoon Hospitals Planning Council (representatives are from the boards, administration and medical staffs at University, City and St. Paul's Hospitals) continues to address issues common to all three hospitals in Saskatoon. A 5 year major construction program is continuing.

- Saskatoon University Hospital continues construction of a $27 million two floor addition to the hospital. Also a number of projects in the phased multi-million dollar renovation progam in the original buildings of University Hospital were completed or underway. Included were the microbiology laboratory, the fire alarm system, and office renovations as well as repairs of roof and windows.

- Saskatoon City Hospital received approval of their plan for a new $112 million hospital to replace the existing facility. Installation of a new C.T. Scanner and a Day Surgery Unit in the existing hospital were also approved.

- St. Paul's Hospital, Saskatoon, continues construction of a major expansion and renovation project at an estimated cost of $52.7 million.

- Nipawin Union Hospital completed a new 70 bed hospital.

- Yorkton Union Hospital completed a major upgrading and expansion program.

- Major renovation projects were completed at:

  — Regina General Hospital — construction was completed on a new $670,000 Burn Treatment Unit, the renovating of the Department of Veteran Affairs wing for $175,000 and the roof over the operating room for $60,000.

  — Pasqua Hospital, Regina — expansion of radiotherapy for $348,571 at Allan Blair Memorial Clinic.

- Construction continued on new hospitals at Lloydminster and Maidstone and a new Cancer Clinic in Saskatoon.

- Construction was completed on integrated facilities at Dinsmore, Gainsborough, Goodsoil, Lampman, Lucky Lake, Nokomis, Rabbit Lake and Rose Valley. Construction is continuing on new integrated facilities at Fillmore and Mankota. Planning, design work and/or construction was underway for similar facilities at Cabri, Craik, Eatonia, Kyle, Leoville, Loon Lake, Montmartre and Theodore.

- Construction commenced for three replacement hospitals: 25 bed hospital at Watrous, 20 bed hospital at Hudson Bay, and 12 bed hospital at Watson. The estimated project costs are $4.36 million, $3.87 million and $2.3 million respectively.

- The functional program for a new 100 bed acute care facility at Estevan was completed and design work is currently underway.

The Union Hospital Act

The Union Hospital Act enables neighbouring geographical areas which lack a sufficiently large tax base to operate a hospital on their own to join together in order that, collectively, they will have the financial resources to maintain and support a local hospital. Areas organizing in this manner are known as Union Hospital Districts. As of March 31, 1987, there were 116 established hospital districts in the province.

Within each district, the participating municipalities appoint local representatives to the union hospital district board based on the equalized assessment of each municipality. In districts where substantial utilization of a hospital by Indians is a factor, the appointment of one or more Indians to the board may be approved by the Lieutenant Governor in Council.

Once the hospital district has been established, the Act enables the hospital board to either:

- build and maintain a new hospital;

- purchase, lease or take over by other means an existing hospital and maintain the operation of it; or

- make grants to a hospital without owning it, in order to enable it to maintain a high standard of hospital care.

This third option exempts the participating municipalities of the district from making contributions under The Hospital Revenue Act, provided that the annual grants made are equal to or greater than the revenue which would have been derived from the hospital revenue tax had it been levied.

There are provisions in the Act for altering the composition of the district, dissolving a district or amalgamating two or more existing districts. Such changes are initiated at the local level but follow established procedures in keeping with requirements of the Act.

The Saskatchewan Hospital Services Plan pays all reasonable expenses incurred in the daily operation of hospitals. Hospitals are, however, responsible for providing the funds for such items as capital reserves, minor capital expenditures and operating deficits. In addition, when a hospital is involved in a renovation and/or new construction program, it is required to finance the difference between the total cost of the project and the amount available from provincial grants. In certain special circumstances, federal grants are also available for hospital construction projects.

The Hospital Revenue Act

The Hospital Revenue Act requires all municipalities, or portions thereof which are not subject to taxation for hospital support, to pay an annual hospital revenue tax equivalent to two mills on their equalized assessment for the preceding year to the Minister of Revenue and Financial Services. This tax has been levied since 1966. A discount of five per cent may be deducted if the tax is paid by December 31 of each year.

All money collected is disbursed to Saskatchewan hospitals prior to March 31 of the following year in accordance with a formula defined in the regulations under the Act.

The regulations incorporate the principle that all disbursements shall be related to the utilization of hospitals by the residents of the municipalities which are paying the tax. A weighting factor is used in determining utilization to offset inequities which handicap certain hospitals. Hospitals located in districts where the residents of the district are exempt under the Act by reason of their contribution to another hospital in the same district that has tax requisitioning authority, receive special recognition for the days of care provided to these residents. A few hospitals in the northern part of the province receive special recognition for all days of care provided to residents.

A municipality or portion of a municipality, presently taxed under this Act, can become exempt by either:

- joining a union hospital district where the board of the hospital district is operating a hospital for the provision of services to inpatients, or where the board has entered into an agreement with a hospital or hospitals for a period of at least five years and where the board is required to make annual grants to the hospital at least equivalent to the amount that the municipalities in the hospital district would be required to pay to the Minister of Revenue and Financial Services under the Act; or

- entering into a five year agreement with one or more hospitals, or a hospital and a corporation or person operating a community health and social centre, where the municipality is required to make annual grants at least equivalent to the amount that the municipality would be required to pay to the Minister of Revenue and Financial Services under the Act.

Table III
Summary of Activity under The Hospital Revenue Act
1982-83 to 1986-87

Year	Number of Municipalities Subject to Tax	Amount of Tax Paid and Distributed to Hospitals	Number of Hospitals Receiving Payments
1982-83	111	$305,242	44
1983-84	113	313,731	45
1984-85	116	311,606	44
1985-86	114	312,839	40
1986-87*	113	313,531	45

Note: * See Appendix A-1 for details of grants to hospitals under The Hospital Revenue Act in 1986-87.

The Canada Health Act and The Federal-Provincial Fiscal Arrangements and Established Programs Financing Act (CANADA)

The Hospital Insurance Plan is supported by general revenues of the province which include contributions from The Federal Government under The Federal-Provincial Fiscal Arrangements and Established Programs Financing Act. The cost-sharing arrangements are administered by Saskatchewan Finance. Saskatchewan Health is responsible for administering the Health Care Insurance Plan and satisfying the program criteria and conditions under The Canada Health Act.

Canadian Council on Hospital Accreditation

The Canadian Council on Hospital Accreditation is responsible for the operation of a voluntary program of hospital accreditation. The membership of the council is composed of representatives from national hospital, medical, and nursing associations.

Accreditation indicates that the hospital's standards meet recognized requirements as applied to hospitals across Canada. Standards are outlined in the Accreditation Guide Book which is available from the Executive Offices of the Council, located at 1815 Alta Vista Drive, Ottawa, Ontario K1G 3Y6.

The Plan does not require Saskatchewan hospitals to be accredited, although it does encourage hospitals to achieve accreditation status. When hospitals have been surveyed by the Accreditation Council the cost of each survey is recognized, subject to the hospital sending a copy of the accreditation report to the Plan.

Accreditation status may be granted to hospitals for a one, two or three year period, following which a further survey is required to obtain re-accreditation.

The following table lists all Saskatchewan hospitals which were accredited or provisionally accredited as of March 31, 1987, and comprises 54 hospitals with a total rated bed capacity of 5,749.

Table IV
Accredited and Provisionally Accredited Hospitals in Saskatchewan as of March 31, 1987

Assiniboia
- Assiniboia Union Hospital

Balcarres
- Balcarres Union Hospital

Biggar
- Biggar Union Hospital

Birch Hills
- Birch Hills Memorial Union Hospital

Broadview
- Broadview Union Hospital

Cabri
- Cabri Union Hospital

Canora
- Canora Union Hospital

Central Butte
- Central Butte Union Hospital

Cudworth
- St. Michael's Hospital

Estevan
- St. Joseph's Hospital

Eston
- Eston Union Hospital

Fort Qu'Appelle
- Fort Qu'Appelle Indian Hospital

Gravelbourg
- St. Joseph Hospital

Humboldt
- St. Elizabeth Hospital

Imperial
- Imperial Union Hospital

Kamsack
- Kamsack Union Hospital

Kerrobert
- Kerrobert Union Hospital

Kindersley
- Kindersley Union Hospital

Lestock
- St. Joseph's Union Hospital

Lloydminster
- Lloydminster Hospital

Lucky Lake
- Lucky Lake Union Hospital

Macklin
- St. Joseph's Hospital

Meadow Lake
- Meadow Lake Union Hospital

Melfort
- Melfort Union Hospital

Melville
- St. Peter's Hospital

Moose Jaw
- Moose Jaw Union Hospital
- Providence Hospital

Moosomin
- Moosomin Union Hospital

Neilburg
- Neilburg & District Union Hospital

Nipawin
- Nipawin Union Hospital

North Battleford
- Battlefords Union Hospital

Preeceville
- Preeceville Union Hospital

Prince Albert
- Holy Family Hospital
- Victoria Union Hospital

Radville
- Radville Community Hospital

Regina
- Plains Health Centre
- Pasqua Hospital
- Wascana Rehabilitation Centre
- Regina General Hospital

Rosetown
- Rosetown Union Hospital

Rosthern
- Rosthern Union Hospital

St. Walburg
- St. Walburg Union Hospital

Saskatoon
- St. Paul's Hospital (Grey Nuns') of Saskatoon
- Saskatoon City Hospital
- University Hospital

Shellbrook
- Shellbrook Union Hospital

Swift Current
- Swift Current Union Hospital

Tisdale
- Tisdale Union Hospital

Turtleford
- Riverside Memorial Union Hospital

Wakaw
- Wakaw Union Hospital

Weyburn
- Weyburn Union Hospital

Whitewood
- Whitewood-Moosomin Union Hospital

Wilkie
- Wilkie Union Hospital

Yorkton
- Yorkton Union Hospital

Other Facilities and Programs

In addition to providing grants to hospitals for operating and capital expenditures, the Saskatchewan Hospital Services Plan also provides funds directly, or through grants to hospitals, to various other programs and activities. These programs are described in this section.

Community Clinics

Community clinics are consumer oriented health organizations operated by an elected board of directors representing the members of a community health association.

The board enters into agreements with general practitioners and specialists to provide medical services. It employs other professional people and all other personnel required to operate the community clinic. It is also responsible for providing the necessary facilities and equipment.

Funding for both specialists and general practitioners is provided on the basis of salary grids. The average net payments by the Medical Care Insurance Commission to fee-for-service physicians in Saskatchewan are used in the calculation of these grids.

The types of services provided are determined by each individual community health association and include some or all of the following: diagnostic radiology, laboratory, physical therapy, occupational therapy, social services, nutrition counselling, minor surgery, community nursing, optometric and pharmaceutical services.

In 1986-87 community clinics were operating in Regina, Saskatoon, Prince Albert and Wynyard. The association in Prince Albert operates a satellite clinic at Canwood. Similarly, the Saskatoon Clinic provides health services through the Community Health and Social Centre in Delisle and through satellite clinics on Saskatoon's west side and in the Lawson Heights area.

A community health association continued to operate a clinic in Lloydminster in 1986-87.

The community clinics in Regina, Saskatoon, Prince Albert and Wynyard are funded on a line-by-line basis following a detailed budget review each year. Funds for physician services and optometrist services are reimbursed to the Plan by Medical Care Insurance Commission.

For a detailed account of payments made to community health associations in 1986-87 refer to Appendix A-2.

Community Health and Social Centres

A community based program of health and social services was initially developed in a number of small rural communities as an alternative to the institutional care provided by small general hospitals. Its objective is to provide a preventive and curative health and social program. This program is balanced and co-ordinated by bringing together the essential health and social services required on a day-to-day basis by people residing in rural communities.

A community health and social centre is a facility for the provision of community based, community co-ordinated services. Its programs are intended to place emphasis on the prevention of illness and the promotion of health. The centres are designed to provide primary medical care and other services as alternatives to institutional care where indicated.

The boards of the centres must interact with both Saskatchewan Health and Saskatchewan Social Services.

The basic components of a program are:

- Outpatient diagnostic and treatment services based on a regular visiting physician service
- An on-call nurse to provide 24-hour emergency service
- Public health services such as:
  - — preventive health services
  - — maternal and child health conferences
  - — immunization
  - — school health visits
  - — health education

In addition, the following are based in the health and social centres in some communities:

- A homemaker program
- A social activity program primarily for elderly people where one can be arranged
- Other home care services (e.g. meals on wheels, handyman, etc.).

Eleven community health and social centres were in operation in Saskatchewan as of March 31, 1987.

Payments to community health and social centres are made semi-monthly and are based on an analysis of the yearly budget requests submitted by the individual facilities. Appendix A-2 shows a detailed account of payments to these facilities in 1986-87.

Grants in Assistance of Clinical Services Provided by the Medical Education System (Clinical Services Fund)

Certain service-related areas in the medical education system receive funding from the Clinical Services Fund.

The Clinical Services Fund provides for post-graduate education salaries (interns and residents), the service component of the salaries of certain faculty members of the College of Medicine, and some other service-related projects associated with medical education.

In 1986-87 salary support was provided for 51 intern and 156 resident positions and approximately 60 faculty positions in pathology, diagnostic radiology, nuclear medicine, geriatric medicine, rehabilitation medicine, microbiology, neonatology, and certain other clinical specialty areas.

In addition to intern, resident and faculty salaries, the Clinical Services Fund provided support in 1986-87 for fifth year medical student stipends, a summer employment program for third year medical students, education co-ordinators at Saskatoon City and St. Paul's Hospitals and a grant to the College of Medicine's Division of Continuing Medical Education.

In 1986-87 the Clinical Services Fund disbursed:

Interns	$ 1,465,584
Residents	5,685,635
Faculty Salaries	4,517,525
Other Services — Related Projects	365,046
TOTAL	$12,033,790

Osteopathic Services

Osteopathy is defined as the art and science of prevention, diagnosis and treatment of disease and injury which adds to generally accepted medical procedures the use of manipulative methods to detect and correct maladjustments of, or affecting the bones, muscles, blood vessels, nerves and other tissues. There are no schools of osteopathy in Canada. Graduates from recognized schools in the United States have at least three years of pre-medical education plus four years of training in medicine, including the specialty of osteopathy.

A Doctor of Osteopathy in Saskatchewan must enter into an agreement with the Minister of Health in order to be reimbursed by Saskatchewan Health for the services which he/she provides to beneficiaries. A statement of payments in 1986-87 is contained in Appendix A-3.

Private Practice Physical Therapy Facilities

The owners of private practice physical therapy facilities enter into contracts with the Minister of Health to provide physical therapy services to insured beneficiaries upon referral by a licensed physician. Payments are made to these facilities based on a negotiated cost per visit by an insured beneficiary.

During 1986-87 the Minister of Health had contracts with the owners of nine private practice physical therapy facilities in the province. The agreements provide for certain limits on the volume of insured services and for the continuance of a Professional Review Committee composed of two representatives from among the private practitioners, one representative from the Council of the College of Physical Therapists and one representative appointed by the Minister of Health.

The primary purposes of this committee are to monitor standards of practice and review accounts. Appendix A-3 provides a detailed account of payments to these facilities in 1986-87.

Saskatchewan Anti-Tuberculosis League

Acting under authority of The Tuberculosis Sanatoria and Hospitals Act, the Saskatchewan Anti-Tuberculosis League has been the agency responsible for the provision and co-ordination of anti-tuberculosis services in Saskatchewan since 1911.

The League continues its mandate pursuant to provisions of The Non-Profit Corporation Act as of June 30, 1981.

Over the years, the League has operated inpatient sanatoria in Fort San, Saskatoon and Prince Albert, receiving most of its funding from a municipal levy. With the declining incidence of TB, the inpatient use of the last operational sanatorium was discontinued in 1978 as was the special municipal tax levy. Patients requiring hospitalization in Saskatchewan are treated in the province's general hospitals and the League's treatment and control program is funded through the Saskatchewan Hospital Services Plan.

Through the following activities, the Saskatchewan Anti-TB League has retained its central role in the control and treatment of the disease:

- League physicians provide consultative services to physicians who have admitted patients with TB to general hospitals
- League physicians provide services through daily clinics in Saskatoon and Regina as well as temporary clinics in other areas including Prince Albert and Fort San
- The League conducts surveys as required and is responsible for the distribution of anti-TB drugs, as well as the maintenance of a Central Registry of TB cases and contacts.

In 1985, the League arranged for the transfer of administrative responsibility for its laboratory in Saskatoon to the University Hospital in anticipation of its physical relocation there.

In addition to its treatment activities, the League uses income generated from its Christmas Seal campaign and other sources to fund various preventative programs related to lung and other respiratory diseases.

An account of the payments made to the Anti-TB League in 1986-87 is contained in Appendix A-1. In addition, the League publishes its own annual report which is available from the Saskatchewan Anti-Tuberculosis League, 1231 8th St. E., Saskatoon, Saskatchewan S7H 0S5.

Saskatchewan Cancer Foundation

The Saskatchewan Cancer Foundation, established in August 1979, obtains its legislative and regulatory authority from The Cancer Foundation Act. The Foundation replaced the Commission which existed up until July 31, 1979. The Foundation maintains two outpatient clinics, the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Clinic. The two clinics provide a means for consolidation and co-ordination of the cancer control program.

To be eligible for benefits under the cancer program, a patient must have been a resident of the province for three months and be admitted to a clinic. For landed immigrants and residents returning to Canada under special circumstances, this period is reduced to one day.

There is no charge to patients for diagnostic and treatment services received at the cancer clinics. In addition, the Saskatchewan Cancer Foundation pays for medical and surgical services provided by physicians in private practice, in-hospital drugs, and certain outpatient drugs used in the active treatment of cancer. Patients receiving cancer services outside the province are reimbursed at the same rate as if the service were provided in Saskatchewan. If a patient is referred out of the province by a cancer clinic for treatment not available in Saskatchewan, the Foundation pays the medical expenses incurred.

In 1982, the Foundation began operating a lodge for out-of-town cancer patients attending the Saskatoon Cancer Clinic.

In 1985, a similar lodge was opened in Regina for patients of the Allan Blair Memorial Clinic.

The Saskatchewan Hospital Services Plan administered an appropriation of $17,211,250 for cancer services in 1986-87. In addition, planning continued on the construction of a new clinic in Saskatoon.

The Foundation publishes its own annual report. Copies are available from the Saskatchewan Cancer Foundation, Suite 400, 2631 - 28th Avenue, Regina, Saskatchewan S4S 6X3.

Canadian Red Cross Society

The Plan insures 100% of the technical costs of the blood transfusion services of the Canadian Red Cross Society and 80% of the donor recruitment costs of the centres operated in Regina and Saskatoon. The cost of blood fractionation products and the crossmatching service supplied to hospitals in Saskatchewan is also insured. Payments to the Society are shown under "Other Facilities" in Appendix A-1.

Hospital Systems Study Group

The Hospital Systems Study Group (HSSG) is a non-profit company incorporated under The Non-Profit Corporation Act, 1978. Voting memberships are held by University Hospital, South Saskatchewan Hospital Centre, University of Saskatchewan, University of Regina, Saskatchewan Health-Care Association and Saskatchewan Health.

HSSG provides a variety of services in the health-care field in Saskatchewan including systems development, research, management services and data processing. The work done by HSSG reflects the continuing need of users for better management and information systems in the rapidly changing field of systems technology.

Services provided by the Hospital Systems Study Group include:

- The Personnel/Payroll System serving 94 hospitals and other health-care facilities
- The Central Agency of Saskatchewan Hospitals (CASH) program accounts payable system serving 30 hospitals and other health-care facilities. By consolidating accounts payable through a central interest bearing bank account, savings of over $1,183,000 have accrued to users since 1973
- The General Ledger system serves 27 hospitals, and other health-care facilities
- The Employee Benefit Plan system is maintained and operated under contract to the Saskatchewan Health-Care Association.

A copy of HSSG's Annual Report may be obtained from the General Manager, Hospital Systems Study Group, 3550 Taylor Street E., Saskatoon, Saskatchewan S7H 5H9.

Regional Hospital Laundries

Regional hospital laundries are located in Regina, Saskatoon, Prince Albert and Yorkton. In 1986-87 regional laundry and linen services were provided to 17 hospitals in the Regina area, 22 in the Saskatoon area, 23 in the Prince Albert area and 14 in the Yorkton area.

At the beginning of each fiscal year, the Plan approves a user rate based on estimated expenditures and estimated volumes of linen to be processed during the year. Client hospitals are charged a user fee per pound for laundry and linen services.

Through the work of the Central Laundry Co-ordinating Groups, the regional laundries group purchased certain high volume linen items in order to take advantage of volume discounts. Non-user hospitals may order these items from a regional laundry and benefit from volume buying as well.

In 1986-87 regional laundries processed approximately 9.5 million kilograms of linen.

Saskatchewan Health-Care Association

Established in 1918, and formerly known as the Saskatchewan Hospital Association, the Saskatchewan Health-Care Association (S.H.A.) is a representative, non-profit body of health-care providers in Saskatchewan. All organizations providing direct health-care services to the public are eligible for membership in the Association, as are many organizations providing health-related services whose prime purpose is to improve health care although they may not deal directly with the public.

The purpose of the Association is to enhance the comprehensive health system in the Province of Saskatchewan by:

- Bringing together all elements of the health system for discussion and concerted action
- Seeking to achieve, through co-ordination and integration, the highest quality service and most efficient use of resources possible
- Presenting the collective views of the membership to government, regulatory agencies, and other representative bodies
- Providing a complete range of service to members
- Encouraging participation in recognized accreditation and licensing processes
- Developing appropriate relationships with provincial and national associations having similar purposes and goals
- Keeping abreast of new developments in health care in other areas, and assessing their applicability in Saskatchewan.

S.H.A. policies are established by a Board of Directors, members of which are elected or appointed from all parts of the province. These policies are then implemented by S.H.A. staff.

The Association maintains liaison with Saskatchewan Health, as well as the College of Physicians and Surgeons, the College of Medicine, the Saskatchewan Registered Nurses' Association and other health-related agencies.

The S.H.A. provides consulting services in the area of employee relations through the Employee Relations Department whose staff negotiate agreements on behalf of the membership and recommend the negotiated agreements to members for their approval. This department also provides assistance in interpreting negotiated agreements, and represents members at hearings before the Labour Relations Board.

Through its Education Department, the S.H.A. identifies the educational needs of its membership and promotes continuing education for both trustees and staff of member institutions. This department also assumes responsibility for providing career information and audio-visual materials as required in the field. Every fall, the Educational Department presents its major event, the S.H.A.'s Education Conference and Annual General Meeting.

The Saskatchewan Health-Care Association provides centrally administered employee benefit programs: the S.H.A. Pension Plan, the S.H.A. Group Life Insurance Program, the S.H.A. Disability Income Plan and the S.H.A. Dental Plan.

The Association acts as a central paying agency for member hospitals participating in the computerized accounts payable program.

The Shared Systems Department provides members with direction regarding computer system development and operation through a co-ordinated and rational approach utilizing expertise from all segments of the health field. Continuous monitoring and updating of computer activities is provided through the Systems Management Committee and the Shared Systems Committee, two standing committees of the Association's Board of Directors.

The Purchasing Services Department operates a group tendering system designed to help participating institutions to contain costs. Three sets of annual group contracts are currently awarded (general supplies, pharmaceuticals, laundry and linen) totalling $14 million. Capital equipment purchasing services are also available through contractual arrangements between the department and individual institutions.

The Association also administers, on behalf of Saskatchewan Health, the Extern Program, which gives third year medical students the opportunity to work in rural hospitals during the summer months.

Members are kept informed of all the above programs, as well as the Association's many ad hoc activities, through the publication of a quarterly newsletter.

Membership in the Saskatchewan Health-Care Association during 1986-87 included 134 acute-care hospitals, 5 regional care centres, 2 mental health centres, 129 special-care homes, 43 home care boards, 21 ambulance district boards, and 63 other agencies, associations and authorities.

Student Health Clinic

The Student Health Clinic is operated by the College of Medicine at the University of Saskatchewan for the purpose of providing students and their families with readily accessible medical and health services which are designed to meet their special needs.

The budget of the Student Health Clinic is assessed and approved by the Saskatchewan Hospital Services Plan on a line-by-line basis, and includes salaries for the physicians and other staff. The approved budget for the 1986-87 year was $473,024. Monthly payments are processed through the University Hospital.

Saskatchewan Hospitalization Fund

Legislative and Regulatory Authority

The Saskatchewan Hospitalization Act establishes the Saskatchewan Hospitalization Fund from which payments are made to hospitals and other approved facilities for insured services received by beneficiaries, and for the administrative expenses incurred in the operation of the Plan.

Payments

Total Payments

The Plan is responsible for all reasonable costs incurred in the provision of health services to Saskatchewan residents. Total payments for the twelve months ending March 31, 1987, amounted to $525,629,274. Payments for the fiscal year 1984-85 and 1985-86 are shown in Appendix C.

Hospitalization Payments

All reasonable costs incurred by Saskatchewan hospitals in providing insured services to Saskatchewan residents are paid by the Plan. During the twelve months ending March 31, 1987, payments totalling $435,657,539 were made to in-province hospitals for inpatient care. For further details see Appendix C. Payments to in-province hospitals for outpatient services amounted to $58,868,748 for the twelve months ending March 31, 1987.

During the year the Plan paid $5,350,568 to Saskatchewan hospitals for inpatient and outpatient care provided to residents of other provinces under reciprocal agreements with these provinces. These payments are invoiced to other provincial government authorities responsible for those non-residents who received hospital services in Saskatchewan. Of the total amount billed to the end of the fiscal year, a balance of $458,469 remains outstanding as at March 31, 1987.

In addition, payments to other approved facilities within the province amounted to $7,111,118.

Payments for insured services provided outside the province amounted to $21,922,206 for the twelve months ending March 31, 1987. Of this amount $19,946,069 was paid for inpatient services and $1,976,137 was paid for outpatient services.

Administration Expenses

During the twelve months ending March 31, 1987, it cost $4,000,002 to operate the Plan. There were 90 positions approved for the Plan as at March 31, 1987.

Revenue

The total revenue for the Saskatchewan Hospitalization fund during the twelve months ending March 31, 1987, amounted to $524,379,699 which came from Consolidated Fund Appropriations.

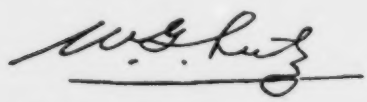
Auditor's Report

To the Members of the Legislative Assembly
Province of Saskatchewan

I have examined the statement of receipts, payments and balance of fund and the supporting statement of general administration payments for the Saskatchewan Hospitalization Fund for the year ended March 31, 1987. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Fund as at March 31, 1987 and the results of its cash transactions and the changes in its financial position for the year then ended in accordance with the accounting principles disclosed in note 1 to the financial statements applied on a basis consistent with that of the preceding year.

Regina, Saskatchewan
May 13, 1987



W.G. Lutz, F.C.A.
Provincial Auditor.

Statement 1

Saskatchewan Hospitalization Fund

Statement of Receipts, Payments and Balance of Fund
For the Year Ended March 31, 1987

	1987	1986
Receipts:		
Grants from Consolidated Fund — for Hospitalization	$520,449,995	$483,719,700
— for Administration	3,929,598	4,403,520
Miscellaneous	106	—
	$524,379,699	$488,123,220
Payments:		
Hospitalization —		
Hospitals within the Province (Note 4)	$494,526,287	$458,335,387
Hospitals outside the Province	21,662,384	18,471,138
Other approved facilities within the Province (Note 4)	7,111,118	7,144,288
Reimbursement to patients re:		
Out-of-Province Hospital Accounts	259,822	267,913
Less: Recoveries — Third Party Liability	(1,677,842)	(1,392,371)
Total Hospitalization Payments — Saskatchewan residents	$521,881,769	$482,826,355
Hospitals within the Province — Reciprocal billings for non-province residents (net of recoveries) (Note 4)	(252,497)	363,204
Total Hospitalization Payments	521,629,272	483,189,559
General Administration —		
Salaries, Services and Gratuities	3,190,890	3,940,526
Travel, Sustenance and Vehicle Expense	84,105	108,140
Other	872,847	1,577,422
	4,147,842	5,626,088
Less: Recoveries for Services to Other Agencies	(147,840)	(1,187,059)
Total General Administration Payments (Statement 2)	4,000,002	4,439,029
	525,629,274	487,628,588
Excess (deficit) of receipts over payments	(1,249,575)	494,632
Balance of Fund, beginning of year	1,249,575	754,943
Balance of Fund, end of year (Note 5)	—	1,249,575
Represented by: Cash	$ —	$ 1,249,575

(see accompanying notes to the financial statements)

Statement 2

Saskatchewan Hospitalization Fund

Statement of General Administration Payments
For the Year Ended March 31, 1987

	1987	1986
Salaries, Services and Gratuities	$3,190,890	$3,940,526
Equipment — Rentals	131,839	122,855
— Purchase of Accounting and Business Machines	14,191	18,440
— Repairs (including minor equipment purchases)	16,466	14,532
Computer Services	143,730	177,781
Consultant Fees	135,110	275,888
Travel, Sustenance and Vehicle Expense	84,105	108,140
Public Employees' Superannuation Plan — Employer Contribution	75,149	83,018
Postage, Telephone and Telegraph	68,845	374,346
Unemployment Insurance — Employer Share	66,482	85,304
Stationery and Office Expense	54,695	154,157
Programmer Analyst Services	36,259	54,400
Canada Pension Plan — Employer Contribution	36,088	47,085
Public Employees' Dental Plan — Employer Contribution	10,124	9,247
Printing and Publishing Expenses	15,080	18,594
Legal Fees	12,192	4,643
Workers' Compensation Board Assessment	10,306	15,420
Registration Fees	9,639	6,869
Disability Income Program — Employer Contribution	6,500	6,244
Commercial and Technical Reference Books	4,703	3,921
Relocation Expenses	4,689	4,376
Association and Professional Dues	3,498	4,867
Freight, Express, Cartage and Duty	2,762	1,526
Visual Processing Expenses	2,749	227
Miscellaneous	5,751	93,682
	$4,147,842	$5,626,088
Less: Recoveries for Services to Other Agencies	(147,840)	(1,187,059)
Total of Statement 1	$4,000,002	$4,439,029

(See accompanying notes to the financial statements)

Saskatchewan Hospitalization Fund

Notes to Financial Statements
March 31, 1987

1. **Accounting Policies**

(a) The accounts of the Fund are maintained on a cash basis whereby revenue is recorded when received and expenditures are charged to the accounts when payments are made.

(b) Fixed assets used in the administration of the Fund are included in expenditures when payment is made.

(c) Hospitals are financed by payments made throughout the year on the basis of reasonable cost providing insured services. Final settlements are made in the subsequent fiscal period and reflected in that period.

2. **Authority**

The authority of the Statement Hospitalization Fund is set out in Section 15 of The Saskatchewan Hospitalization Act Chapter S-23 R.S.S. 1978.

3. **Contingent Assets**

Under Section 26 of The Saskatchewan Hospitalization Act Chapter S-23 R.S.S. 1978, the Saskatchewan Hospitalization Fund has the right to recover hospitalization expenses from third parties responsible for persons being hospitalized. Claims presently estimated as potential recoveries $4,798,090 (1986 — $4,254,420).

4. **Agency Agreement**

As permitted under Section 6.1 and Section 7 of The Saskatchewan Hospitalization Act, Chapter S-23 R.S.S. 1978, the Saskatchewan Hospitalization Fund acted as agent for the Saskatchewan Medical Care Insurance Commission in regard to physician salaries in community clinics; the Department of Health, Continuing Care Branch in regard to Level 4 patients in general and rehabilitation hospitals and services provided to Level 4 integrated facilities; and governments of other provinces in regard to residents of other provinces. Payments stated are net of recoveries. These recoveries in the year under review were $4,368,340 (1986 — $3,952,072) from the Saskatchewan Medical Care Insurance Commission, $22,705,539 (1986 — $20,593,110) from the Department of Health, Continuing Care Branch, and $5,603,064 (1986 — $4,934,177) from the governments of other provinces.

5. **Balance of Fund**

Effective March 31, 1987 any funds not expended during the year by the Saskatchewan Hospitalization Fund were refunded to the Minister of Finance and the appropriate sub-votes.

6. **Related Party Transactions**

In accordance with government accounting policies, costs which are not normally allocated between government departments such as occupancy costs are not charged to the fund.

7. **Comparative Figures**

The comparative financial statements have been reclassified from statements previously presented to conform to the presentation of the 1987 financial statements.

Appendices

Readers of this report are advised that the statistical section that follows excludes utilization and diagnosis data which has been provided in previous reports. A separate statistical supplement will be issued.

Appendix A: Payments to Hospitals and Other Facilities

A-1 Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan, 1986-87

A-2 Payments to Community Operated Outpatient Facilities, 1986-87

A-3 Payments to Privately Operated Outpatient Facilities (Contract), 1986-87

Appendix B: Provincial Contributions for Construction and Renovations, 1986-87

Appendix C: Payment for Saskatchewan Beneficiaries at all Locations

Saskatchewan Hospitalization Fund Payments for Years, 1983-84 to 1986-87.

Appendix D: Acts Administered by the Plan

Appendix E: Glossary

Note: The appendix entitled Covered Population which was included in previous reports, has been deleted. The Department of Health's annual reports provide covered population tables beginning with the 1986-87 report.

Appendix A
Payments to Hospitals and Other Facilities

Appendix A-1

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan For the Fiscal Year Ended March 31, 1987

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/87	Approved Daily Census Mar. 31/87	Payment for Operating Costs*	Provincial Contributions for Construction and Renovations	Payments Under Hospital Revenue Act
General and Rehabilitation Hospitals						
Arborfield Union		8	7.0	490,371	—	—
Arcola, Brock Union		24	18.4	1,173,704	9,000	—
Assiniboia Union		42	22.3	1,569,456	—	1,517
Balcarres Union		29	21.0	1,270,861	—	—
Beechy Union		8	5.5	557,083	—	—
Bengough Union		16	9.2	576,455	—	—
Bienfait-Coalfields Union		12	7.0	349,620	—	—
Biggar Union		32	21.8	1,561,577	—	—
Big River Union		25	15.5	979,011	—	448
Birch Hills Memorial Union		15	10.5	693,726	—	-
Borden Union		10	7.6	428,692	—	—
Broadview Union		22	16.5	934,036	—	-
Cabri Union		20	8.0	593,467	7,758	—
Canora Union		50	35.0	2,535,073	—	-
Carrot River Union		18	14.5	919,822	—	—
Central Butte Union		30	18.5	1,191,228	—	—
Climax, Border Union		8	4.0	482,254	—	—
Coronach Union		12	6.0	571,012	—	—
Craik Community		8	5.0	413,792	—	—
Cudworth, St. Michael's		20	14.5	862,851	—	576
Cupar Union		17	8.7	613,800	7,964	—
Cut Knife Union		8	6.1	513,161	12,071	—
Davidson Union		17	13.3	768,433	—	487
Dinsmore Union (Prairie Manor Health Care Centre)		10	5.8	507,979	331,000	—
Dodsland Union		10	5.2	464,922	—	—
Eastend Union		13	6.5	573,816	—	—
Eatonia Union		12	5.0	501,082	—	—
Edam, Lady Minto Union		8	5.4	515,281	6,875	—
Elrose Union		7	5.2	483,782	—	—
Esterhazy, St. Anthony's		30	20.9	1,325,473	—	1,943
Estevan, St. Joseph's General	(1)	106	71.0	5,173,128	5,000	—
Eston Union		24	11.4	830,514	—	—
Fillmore Union Hospital (and Integrated Facility)		15	8.5	652,453	830,000	—
Foam Lake Union		18	15.4	824,605	8,311	—
Fort Qu'Appelle Indian	(A)	60	35.3	2,093,657	—	—

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/87	Approved Daily Census Mar. 31/87	Payment for Operating Costs*	Provincial Contributions for Construction and Renovations	Payments Under Hospital Revenue Act
Gainsborough Union Hospital (and Area Health Centre)		14	7.6	498,094	532,452	—
Goodsoil Union (L. Gervais Memorial Health Centre)	(C)	23	9.1	543,830	522,000	1,676
Gravelbourg, St. Joseph		32	17.8	1,263,130	—	1,657
Grenfell Union		18	12.8	795,213	—	—
Gull Lake Union		16	6.2	546,352	336,405	—
Hafford Union		16	11.5	590,531	—	—
Herbert-Morse Union		19	10.0	632,381	—	286
Hudson Bay Union		18	13.3	915,063	661,663	—
Humboldt, St. Elizabeth		81	54.4	4,617,765	—	3,042
Ile a la Crosse, St. Joseph's		46	18.2	1,391,345	—	6,444
Imperial Union		13	6.6	557,024	—	—
Indian Head Union		23	16.5	1,145,744	138,550	415
Invermay — Canora Union		11	6.0	548,387	8,000	—
Ituna Union		14	9.4	584,294	—	—
Kamsack Union		49	39.2	2,629,028	1,500	—
Kelvington Union		22	15.8	904,068	14,977	—
Kerrobert Union		30	16.5	1,136,430	18,850	—
Kincaid Union		9	5.9	506,589	—	—
Kindersley Union		55	35.8	2,184,279	39,500	—
Kinistino Union		16	11.2	764,352	24,725	—
Kipling Memorial Union		27	12.2	1,016,957	9,000	—
Kyle — White Bear Union		8	5.8	544,411	—	—
Lafleche Union		8	3.9	515,138	—	—
Laloche, St. Martin's		12	7.9	774,230	—	2,836
Lampman Union (Community Health Centre)	(C)	25	14.6	664,327	108,148	—
Langenburg Union		29	14.2	1,130,925	—	—
Lanigan Union		30	20.4	1,240,997	—	1,256
La Ronge		28	18.0	1,453,243	—	8,525
Leader Union		25	11.2	800,657	—	—
Leoville Union		11	5.3	494,274	—	—
Lestock, St. Joseph's Union		22	15.5	962,148	—	—
Lloydminster		92	62.5	2,667,305	3,781,736	—
Loon Lake Union		18	10.5	610,647	—	—
Lucky Lake Union (Community Health Centre)	(C)	20	10.1	575,113	147,274	—
Macklin, St. Joseph's		25	12.9	763,640	—	—
Maidstone Union		19	16.4	933,805	1,929,747	—
Mankota Union (Prairie View Health Centre)		9	4.3	459,669	110,000	—
Maple Creek Union		44	21.5	1,337,952	—	—
Meadow Lake Union		52	38.0	2,790,068	33,482	—
Melfort Union		85	61.0	5,640,917	480,000	933
Melville, St. Peter's	(2)	81	62.6	4,288,605	4,928	1,902
Midale Union		8	6.0	475,939	—	—
Milden Union		10	6.0	516,638	72,307	350
Montmartre Union		11	9.2	526,974	—	771
Moose Jaw, Providence	(3)	134	113.1	8,291,181	49,646	16,602
Moose Jaw Union	(4)	254	173.8	14,355,260	100,000	2,030
Moosomin Union		50	423.0	2,826,484	—	2,547

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/87	Approved Daily Census Mar. 31/87	Payment for Operating Costs*	Provincial Contributions for Construction and Renovations	Payments Under Hospital Revenue Act
Neilburg and District Union		11	9.0	562,748	—	—
Nipawin Union		70	53.8	4,285,097	1,992,296	—
Nokomis Union Health Centre	(C)	22	11.3	655,749	97,950	—
Norquay — Canora Union		15	10.4	670,598	25,329	—
North Battleford, Battlefords Union	(5)	200	162.1	12,478,851	—	1,624
Outlook Union		22	19.4	967,249	—	845
Oxbow Union		21	12.4	785,860	12,100	—
Pangman Union		10	6.2	512,656	—	271
Paradise Hill Union		18	11.8	749,701	—	—
Ponteix Union		10	5.0	464,354	—	-
Porcupine — Carragana Union		20	13.0	776,263	—	—
Preeceville Union		29	21.5	1,426,549	—	—
Prince Albert, Holy Family	(6)	162	117.5	9,458,758	30,001	14,863
Prince Albert, Victoria Union	(7)	243	202.8	13,764,032	99,703	986
Rabbit Lake Union (Integrated Facility)	(C)	22	10.6	542,526	24,791	—
Radville Community		18	11.8	810,158	—	178
Redvers Union		21	15.0	857,372	—	—
Regina General	(8)	489	437.9	54,974,165	15,775,000	12,541
Regina, South Saskatchewan Hospital Centre:						
— Pasqua Hospital	(9)	404	348.3	36,592,470	—	11,958
— Plains Health Centre		300	239.3	35,529,509	97,028	3,603
Regina, Wascana Rehabilitation Centre	(B) (10)	215	195.5	12,417,036	3,779,000	—
Rockglen Union		7	4.3	517,038	—	485
Rosetown Union		34	27.0	2,009,113	25,386	—
Rose Valley Union (Integrated Facility)	(C)	28	18.7	865,856	149,816	—
Rosthern Union		42	29.5	1,730,522	8,500	324
St. Walburg Union		20	6.9	551,625	221,493	—
Saskatoon, City	(11)	376	318.3	34,109,806	3,200,000	13,970
Saskatoon, St. Paul's		330	304.0	33,637,092	10,800,000	93,348
Saskatoon, University	(12)	546	464.7	81,292,753	12,500,000	88,829
Shaunavon Union		37	22.0	1,347,684	—	305
Shellbrook Union		30	21.5	1,247,395	15,000	756
Smeaton Union		11	5.9	546,702	—	—
Spalding Union		12	7.8	563,508	—	—
Spiritwood Union		20	16.4	971,329	—	469
Swift Current Union	(13)	164	123.0	10,573,917	28,804	3,250
Theodore Union		13	9.0	546,689	58,447	—
Tisdale Union		68	33.0	2,804,824	441	—
Turtleford, Riverside Memorial Union		26	18.0	1,171,445	—	—
Unity Union		28	19.4	1,136,081	—	—
Uranium City, Municipal		32	10.0	1,201,044	—	—
Vanguard Union		11	5.2	463,973	—	—
Wadena Union		42	18.3	1,390,413	—	—
Wakaw Union		26	22.5	1,236,849	—	2,723
Watrous Union		31	18.0	1,059,612	747,000	—
Watson Union		14	9.7	589,238	1,270,000	237
Wawota Memorial Union		13	10.0	568,255	—	3,436

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/87	Approved Daily Census Mar. 31/87	Payment for Operating Costs*	Provincial Contributions for Construction and Renovations	Payments Under Hospital Revenue Act
Weyburn Union		101	67.3	5,325,493	—	441
Whitewood — Moosomin Union		10	7.0	575,749	3,750	436
Wilkie Union		31	20.2	1,117,303	4,967	—
Wolseley Memorial Union		19	14.5	930,759	—	—
Wynyard Union		21	18.5	1,133,694	4,566	—
Yorkton Union	(14)	313	247.3	16,770,978	760,750	1,410
Total (134 Hospitals)		**7,204**	**5,427.0**	**$510,676,020**	**$62,074,987**	**$313,531**
Other Facilities						
Canadian Red Cross Blood Depot — Regina and Saskatoon				5,779,189	—	—
Saskatchewan Anti-Tuberculosis League				756,617	—	—
Saskatchewan Cancer Foundation — Saskatoon Clinic				**	7,625,013	—
Total				**$6,555,806**	**$7,625,013**	**$ —**
Less: Recoveries from Saskatchewan Health — Continuing Care Branch re: Level 4 Patients and Integrated Facilities				22,705,539		
Grand Totals				**$494,526,287**	**69,700,000**	**$313,531**

(A) Owned and operated by Federal Government

(B) Rehabilitation Hospital

(C) Integrated Facility

* Payments for operating costs may include deficit payments or surplus recoveries applicable to the previous year.

** Payments for operating costs are made by a separate provincial grant paid through Saskatchewan Health. In 1986-87 this grant amounted to $17,211,250.

(1) Includes — 12 Alcoholic Rehabilitation Beds
(2) Includes — 10 Extended Care Beds
(3) Includes — 42 Extended Care Beds
(4) Includes — 24 Psychiatric Beds
(5) Includes — 32 Psychiatric Beds
(6) Includes — 15 Extended Care Beds
(7) Includes — 60 Psychiatric Beds and 84 Extended Care Beds
(8) Includes — 38 Psychiatric Beds and 25 Extended Care Beds
(9) Includes — 22 Psychiatric Beds and 20 Extended Care Beds
(10) Includes — 131 Extended Care Beds and 84 Rehabilitation Beds but excludes 54 Department of Veterans Affairs Beds
(11) Includes — 16 Psychiatric Beds
(12) Includes — 39 Psychiatric Beds, 15 Extended Care Beds, 18 Geriatric Assessment Beds and 22 Rehabilitation Beds
(13) Includes — 14 Psychiatric Beds
(14) Includes — 51 Psychiatric Beds and 60 Extended Care Beds

Appendix A-2

Payments to Community Operated Outpatient Facilities For the Fiscal Year Ended March 31, 1987

Facility	Location	SHSP Insured Services Available	Method of Payment	Payments for Operating Costs	Provincial Grants for Construction & Renovation
Community Clinics					
Lloydminster & District Community Health Services Association Limited	Lloydminster	Laboratory/Radiology	Semi-monthly	$ 49,753	$ —
Prince Albert Co-operative Health Centre	Prince Albert	Outpatient Services	Semi-monthly	3,005,708	—
Community Health Services Association (Regina) Ltd.	Regina	Outpatient Services	Semi-monthly	1,307,837	—
Community Health Services (Saskatoon) Assoc. Ltd.	Saskatoon	Outpatient Services	Semi-monthly	4,094,145	—
Community Health Services (Wynyard & District) Association	Wynyard	Outpatient Services	Semi-monthly	199,315	—
Sub Total				$8,656,758	$ —
Less: Recoveries from Saskatchewan Medical Care Insurance Commission re: Physician Salaries				4,368,340	—
Sub Total				$4,288,418	$ —
Community Health and Social Centres					
Delisle Community Health & Social Centre	Delisle	Outpatient Services	Semi-monthly	$ 90,971	$ —
Hodgeville Community Health & Social Centre	Hodgeville	Outpatient Services	Semi-monthly	53,406	—
Leroy Community Health & Social Centre	Leroy	Outpatient Services	Semi-monthly	50,166	—
Maryfield Community Health & Social Centre	Maryfield	Outpatient Services	Semi-monthly	60,181	—
Mossbank Community Health & Social Centre	Mossbank	Outpatient Services	Semi-monthly	43,216	—
Neudorf Community Health & Social Centre	Neudorf	Outpatient Services	Semi-monthly	22,791	—
Quill Lake Community Health & Social Centre	Quill Lake	Outpatient Services	Semi-monthly	41,534	—
Raymore Community Health & Social Centre	Raymore	Outpatient Services	Semi-monthly	24,945	—
Strasbourg Community Health & Social Centre	Strasbourg	Outpatient Services	Semi-monthly	115,244	—
Willow Bunch Community Health & Social Centre	Willow Bunch	Outpatient Services	Semi-monthly	46,862	—
Zenon Park Community Health & Social Centre	Zenon Park	Outpatient Services	Semi-monthly	58,086	—
Sub Total				$ 607,402	$ —
Total				**$4,895,820**	**$ —**

Appendix A-3

Payments to Privately Operated Outpatient Facilities (Contract) For the Fiscal Year Ended March 31, 1987

Facility	Location	SHSP Insured Services Available	Method of Payment	Payments
G.Uhman, Manitou Clinic	Manitou Beach	Physical Therapy	Fee-for-Service	$ 18,079
K. Julian	Moose Jaw	Physical Therapy	Fee-for-Service	197,866
Beveridge Physiotherapy Associates Inc.	Regina	Physical Therapy	Fee-for-Service	557,275
A. Durkin	Regina	Physical Therapy	Fee-for-Service	229,116
L. Kirkpatrick	Regina	Physical Therapy	Fee-for-Service	81,076
B.I. Reid	Regina	Physical Therapy	Fee-for-Service	666
R. Stewart	Regina	Physical Therapy	Fee-for-Service	7,642
J.T. Wasylenko	Regina	Physical Therapy	Fee-for-Service	277,578
J. Welsh	Regina	Physical Therapy	Fee-for-Service	139,187
C.I. Porter	Rosetown	Physical Therapy	Fee-for-Service	37,044
J. Crawford	Saskatoon	Physical Therapy	Fee-for-Service	261,502
Smithwick's Physiotherapy	Saskatoon	Physical Therapy	Fee-for-Service	394,379
Dr. D.D. Tanner	Regina	Osteopathic	Fee-for-Service	13,888
Total				**$2,215,298**

Appendix B
Provincial Contributions for Construction and Renovations, 1986-87

Hospital	Project	Status of Construction	Estimated Provincial Contribution	Payments from April 1/86 to March 31/87
Arcola, Brock Union	Paving Parking Lot	Completed	18,380	9,000
Arcola, Brock Union	Mechanical Renovations	Underway	9,800	0
Birch Hills Memorial Union	Paving Parking Lot	Underway	12,645	0
Cabri Union	Install New Hot Water Tank	Completed	7,758	7,758
Central Butte Union	Pharmacy Relocation & Other Renovations	Underway	21,175	0
Climax, Border Union	Mechanical Renovations	Planning	20,000	0
Cupar Union	Site Development	Completed	16,599	7,964
Cut Knife Union	Air Conditioning Renovations	Completed	12,071	12,071
Dinsmore Union	Integrated Facility (10AC + 12SC)	Underway	421,699	331,000
Edam, Lady Minto Union	Renovations for Whirl Pool Tub	Completed	6,875	6,875
Estevan, St. Joseph's General	Functional Program	Completed	19,680	5,000
Fillmore Union	New Integrated Facility (12AC + 13SC)	Underway	1,715,083	830,000
Foam Lake Union	Landscaping & Paving	Completed	39,249	8,311
Gainsborough Union	New Integrated Facility (10AC + 12SC)	Underway	712,191	532,452
Goodsoil Union	Integrated Facility (11AC + 12SC)	Underway	547,572	522,000
Gull Lake Union	Major Renovations	Underway	596,334	336,405
Hudson Bay Union	New 20 Bed Hospital	Underway	3,215,655	661,663
Imperial Union	Renovations — Whirlpool Tub Installation	Underway	12,960	0
Indian Head Union	Renovations — Fire Safety	Underway	266,400	138,550
Invermay-Canora Union	Renovate Kitchen, add Sprinkler System	Underway	17,025	8,000
Kamsack Union	Mechanical Renovations	Completed	16,217	1,500
Kelvington Union	Site Development	Completed	14,977	14,977
Kerrobert Union	Extension & Renovations	Underway	131,455	18,850
Kindersley Union	Renovations for New X-Ray Room	Underway	52,382	39,500
Kinistino Union	Replace Floor Covering	Completed	22,885	0
Kinistino Union	Paving	Completed	24,725	24,725
Kipling Memorial	Mechanical Renovations	Completed	12,300	9,000
Lampman Union	Integrated Facility (6AC + 19SC)	Underway	318,518	108,148
Lanigan Union	Air Conditioning Renovations	Underway	40,000	0
Leoville Union	Integrated Facility (11AC + 12SC)	Planning	557,000	0
Lestock, St. Joseph's	Renovations Administration Area & Sprinkler System	Completed	18,550	0
Lloydminster	New 118 Bed Hospital	Underway	8,611,173	3,781,736
Lloydminster	Renovations for Fire Code Deficiencies	Completed	59,886	0
Lucky Lake Union	Integrated Facility (8AC + 12SC)	Underway	227,261	147,274
La Ronge	New 28 Bed Hospital	Planning	5,500,000	0
Maidstone Union	New 25 Bed Hospital	Underway	3,595,425	1,929,747
Mankota Union	Integrated Facility (9AC + 12SC)	Underway	216,062	110,000
Meadow Lake Union	Renovations to Add Air Conditioning	Completed	62,457	32,457
Meadow Lake Union	Replace Emergency Generator	Completed	24,225	1,025
Melfort Union	Expansion and Renovations	Completed	6,093,148	480,000
Melfort Union	Elevator Renovations	Underway	32,837	0
Melville, St. Peter's	Boiler Upgrading to Guarded Plant	Completed	14,263	4,928
Melville, St. Peter's	New Incinerator	Underway	46,560	0
Milden Union	Extension & Renovations	Underway	132,126	72,307
Milden Union	Phase 2 & 3 — Addition & Renovations	Planning	362,664	0
Montmartre Union	Integrated Facility (11AC + 12SC)	Planning	433,000	0
Moose Jaw Union	A/C, Emergency & Elevator Renovations	Completed	151,089	100,000
Moose Jaw, Providence	Mechanical & Delivery Entrance	Completed	198,156	49,646
Nipawin Union	New 70 Bed Hospital	Completed	7,881,658	1,992,296
Nokomis Union	Integrated Facility (10AC + 12SC)	Completed	170,040	97,950
Norquay-Canora Union	Kitchen Addition, Fire Alarm & Sprinklers	Completed	55,800	25,329
Oxbow Union	Boiler Replacement	Completed	12,100	12,100
Pangman Union	Replace Roof	Planning	35,340	0
Preeceville Union	Replace Roofing	Completed	102,401	0

Hospital	Project	Status of Construction	Estimated Provincial Contribution	Payments from April 1/86 to March 31/87
Prince Albert, Holy Family	Functional Program for Expansion	Underway	33,600	30,001
Prince Albert, Victoria Union	Dietary Dept. Renovations	Completed	274,393	62,273
Prince Albert, Victoria Union	New Doctor's Register	Completed	24,198	24,198
Prince Albert, Victoria Union	Watersoftener Replacement	Completed	13,232	13,232
Rabbit Lake Union	Integrated Facility (10AC + 12SC)	Underway	102,084	24,791
Regina General	Burn Unit; Victoria Wing 3rd Floor	Completed	670,000	70,000
Regina General	Renovate Roof	Completed	60,000	5,000
Regina General	Renovate 3rd Floor DVA Wing Level IV Beds	Completed	175,000	0
Regina General	Package 3; 7 Level Addition	Underway	28,364,897	15,700,000
Plains Health Centre	Electrical Repair Main Power Supply	Completed	254,323	30,848
Plains Health Centre	Fire Exit Ramp (Emergency Radiology)	Completed	25,235	25,235
Plains Health Centre	Asbestos Removal Stage 2	Completed	140,945	40,945
Rosetown Union	Feasibility Study	Underway	37,500	25,386
Rose Valley Union	Integrated Facility (16AC + 12SC)	Completed	262,411	149,816
Rosthern Union	Paving	Completed	8,500	8,500
St. Walburg Union	Renovations Phase 1 & 2	Underway	435,072	221,493
Saskatoon City	Interim Upgrading (85-88)	Underway	4,301,037	1,400,000
Saskatoon City	New 488 Bed Hospital	Planning	117,200,000	1,800,000
Saskatoon, St. Paul's	Major Expansion	Underway	52,700,000	10,800,000
Saskatoon, University	Two Floor Acute Care Addition	Underway	27,136,000	10,200,000
Saskatoon, University	Psychiatric Ward Addition	Completed	2,860,000	1,600,000
Saskatoon, University	Major Renovations to 1955 Building	Underway	5,300,000	700,000
Shaunavon Union	Upgrade Fire Doors	Underway	6,825	0
Shellbrook Union	Convert Heating System	Underway	31,350	15,000
Swift Current Union	Feasibility Study	Completed	38,035	9,500
Swift Current Union	Repair Roof	Completed	19,304	19,304
Theodore Union	New Integrated Facility (13AC + 12SC)	Planning	1,426,000	58,447
Tisdale Union	Medical Gas Upgrade	Completed	39,770	441
Tisdale Union	Fire Safety Upgrade	Planning	113,500	0
Tisdale Union	Functional Program	Planning	33,950	0
Watrous Union	New 25 Bed Hospital (17 AC + 8 SC)	Underway	3,590,475	747,000
Watson Union	New 12 Bed Hospital on New Site	Underway	1,913,139	1,270,000
Whitewood-Moosomin Union	Extension & Renovations — Phase 1	Underway	7,500	3,750
Wilkie Union	Mechanical Renovations	Completed	21,109	4,967
Wynyard Union	Upgrade Medical Gas Piping & Renovation	Underway	87,365	4,566
Yorkton Union	Major Expansion & Renovation-Phase 1	Completed	5,912,538	310,000
Yorkton Union	Masonary Restoration	Completed	36,378	10,750
Yorkton Union	New Steam Plant	Underway	840,000	400,000
Yorkton Union	Repair Roof (over Mental Health Centre)	Underway	44,000	40,000
Total			**297,455,496**	**58,295,987**
Rehabilitation and Extended Care Hospital				
Regina, Wascana Rehabilitation Centre	New Building	Underway	36,241,280	3,680,000
Regina, Wascana Rehabilitation Centre	Renovation - Fire Safety	Completed	282,340	99,000
Total			**36,523,620**	**3,779,000**
Other Facilities				
Saskatoon Cancer Clinic	New Cancer Clinic	Underway	16,125,801	7,625,013
Total			**16,125,801**	**7,625,013**
Grand Total			**350,104,917**	**69,700,000**

Appendix C
Payments for Saskatchewan Beneficiaries at all Locations
Saskatchewan Hospitalization Fund Payments for Years 1984-85 to 1986-87

Item	Apr. 1/84 to Mar. 31/85	Apr. 1/85 to Mar. 31/86	Apr. 1/86 to Mar. 31/87
Total Payments	$466,490,218	$487,628,588	$525,629,274
Percent Increase over Previous Year	5.23	4.53	7.79
Per Capita Cost*	$453.36	$469.21	$504.75
Total Hospital Payments	$462,146,148	$483,189,559	$521,629,272
Percent of Total Payments	99.07	99.09	99.24
Percent Increase over Previous Year	5.33	4.55	7.95
Total Hospital Payments — Saskatchewan Residents	$462,319,863	$482,826,355	$521,881,769
Percent of Total Hospital Payments	100.04	99.92	100.05
Percent Increase over Previous Year	5.43	4.44	8.09
Per Capita Cost*	$449.31	$464.59	$501.16
Total Inpatient Payments	$403,265,707	$420,496,346	$455,603,607
Percent of Total Hospital Payments — Saskatchewan Residents	87.23	87.09	87.30
Percent Increase over Previous Year	6.46	4.27	8.35
Inpatient Payments — General Hospitals	$393,773,677	$410,624,173	$444,907,027
Percent of Total Hospital Payments — Saskatchewan Residents	85.17	85.05	85.25
Percent Increase over Previous Year	6.58	4.28	8.35
Inpatient Payments — Rehabilitation and Extended Care Hospitals	$ 9,492,030	$ 9,872,173	$ 10,696,580
Percent of Total Hospital Payments — Saskatchewan Residents	2.06	2.04	2.05
Percent Increase over Previous Year	1.93	4.00	8.35
Outpatient Payments **	$ 60,341,780	$ 63,722,380	$ 67,956,004
Percent of Total Hospital Payments — Saskatchewan Residents	13.05	13.20	13.02
Percent Increase over Previous Year	(.88)	5.60	6.64
Recoveries — Third Party Liability	$ 1,287,624	$ 1,392,371	$ 1,677,842
Percent of Total Hospital Payments — Saskatchewan Residents	.28	.29	.32
Percent Increase over Previous Year	10.74	8.13	20.50
Total Hospital Payments — Reciprocal Billings for Non Saskatchewan Residents	$ (173,715)	363,204	$ (252,497)
Percent of Total Hospital Payments	.04	.07	.05
Total Administration Payments	$ 4,344,070	$ 4,439,029	$ 4,000,002
Percent of Total Payments	.93	.91	.76
Percent Increase over Previous Year	(4.09)	2.20	(9.89)
Per Capita Cost *	$4.22	$4.27	$3.84

* Based on total covered population as at June 30, 1986 of 1,041,358
** Includes Wascana Rehabilitation Centre which provides outpatient services.

Appendix D
Acts Administered by the Plan

The Hospital Revenue Act

This Act is designed to raise revenues for hospitals by providing the legislative authority required to levy a tax in areas of the province presently not contributing toward the support of a hospital. The revenue received annually under this Act is distributed among the hospitals in the province pursuant to the formula established by the regulations made under this Act. For additional information refer to page 17.

The Health Services Act

This Act provides the legislative authority necessary for the payment of hospital construction grants, the establishment of committees, and the appointment of consultants by the Minister of Health. Authority for the establishment of health regions, and the provision of health services through municipal schemes or other associations is also found in this Act.

The Saskatchewan Hospitalization Act

This Act provides the legislative authority required to register residents of the province and to provide payment to hospitals and certain other institutions for services rendered to residents of Saskatchewan. Payment for these services is made from The Saskatchewan Hospitalization Fund which is established under this Act. For additional information refer to page 6.

The Hospital Standards Act

This Act and Regulations provides the legislative authority for the maintenance of minimum patient care standards and the inspection of hospitals. For additional information refer to pages 13 and 14.

The Union Hospital Act

The Act provides the legislative authority for the municipalities and areas to unite in the establishment of union hospital districts. The union hospital board of each district is authorized by the Act to construct or otherwise acquire and operate hospitals. Union hospital board activities are financed by the union hospital district. For additional information refer to page 16.

Appendix E
Glossary

Active Treatment Care or Acute Care. See Levels of Care: Level 6.

Adults and Children. All inpatients of hospitals except newborn.

Approved Average Daily Census. (See also Average Daily Census). The average daily census approved by the Plan as reflected by necessary bed need for a specific hospital. Payments to a hospital for operating purposes are based on this approved average daily census.

Approved Hospital. A hospital approved by the Minister of Health under The Hospital Standards Act.

Average Daily Census. The average number of inpatients during any given period of time. It is calculated by dividing the number of patient days (other than newborn) during the period by the number of calendar days in the period.

Average Days of Stay. The average number of days that inpatients stay in hospital. It is calculated by dividing the number of patient days for separation by the number of separations during a given period.

Base Hospital. A general hospital which serves as a district or community hospital for the local population. It provides a wider range of services than a regional hospital and therefore serves as an ultimate referral centre in the province. It also performs a major role in research and education.

Beneficiary. A person who is entitled to the benefits provided by the Plan.

Community Health and Social Centres. Community based facilities that provide a balanced co-ordinated, preventive and curative health and social program bringing together essential health and social services that communities require on a day to day basis.

Community Clinics. Consumer oriented health organizations operated by an elected board of directors that provide a comprehensive health service, including medical services in one facility.

Covered Population. The total number of persons eligible for benefits.

District or Community Hospital. A general hospital that serves the population of the local area. It provides a smaller range of services than a regional hospital.

Extended Care. See Levels of Care: Level 4.

Federal Hospital. A general hospital owned and operated by the Government of Canada and for which part of the operating costs are paid by the Plan.

General Hospital. A hospital which provides facilities for the diagnosis and treatment of a wide range of diseases and disabilities.

Inpatient. A patient who is admitted to a hospital for the purpose of receiving diagnostic or treatment services in the hospital and to whom a bed or bassinet is allocated.

Insured Population. Total number of persons eligible for benefits.

Levels of Care

Level 1 — Supervisory Care. This level of care may be provided in a room and board situation for persons who, in addition to full maintenance and laundry service, required some guidance or supervision with activities of daily living. Staff time for care averages 20 minutes per day. Level 1 care is not a benefit under the Plan.

Level 2 — Personal Care. Persons requiring this level of care may need supervision and assistance with personal hygiene and grooming. They must be safely ambulant with or without mechanical aids or independent at the wheel chair level, are usually continent and able to feed themselves. Some supervision and direction may be required for behavioral problems. Staff time for care averages 45 minutes per day. Level 2 care is not a benefit under the Plan.

Level 3 — Basic Nursing Care. This level of care is usually associated with persons having an advanced physical or mental illness that is reasonably stabilized and which is not expected to deteriorate in the near future. All degrees of supervision and assistance may be needed in the activities of daily living supplemented by basic nursing care. Care at this level is directed by the attending physician and carried out under the supervision of an R.N. or R.P.N. Staff time for care averages 2 hours per day. Level 3 care is not a benefit under the Plan.

Level 4 — Extended Care. This level of care does not require acute hospital care and treatment but does require regular and continuous medical attention. Highly skilled technical and nursing personnel must be available, under appropriate supervision on a 24-hour basis. Level 4 care is not a benefit under the Plan.

Level 5 — Rehabilitation Care. This level of care is provided to persons with physical disabilities resulting from injuries, illnesses, or congenital conditions who require active, aggressive rehabilitation provided by a team of rehabilitation personnel under the direction of or by consultation with a specialist in physical medicine. It is designed to restore or improve functional ability. This level of care is an insured benefit under the Plan.

Level 6 — Acute Care. This type of care involves 24-hour medical/nursing supervision for diagnosis and treatment and is provided in general hospitals. This type of care is a benefit under the Plan.

Newborn. An infant live born in the hospital, or admitted with the mother who was admitted for maternity service, for the period of its continuous stay in the hospital.

Other Facility. An approved facility other than a general hospital that provides one or more insured services.

Outpatient. A person other than an inpatient who received diagnostic or therapeutic service from a hospital or other facility.

Patient-Day. The period of service to an inpatient between the census-taking hours on two successive days; the day of admission is a patient day, but the day of separation is not a patient day. When the patient is admitted and separated on the same day, one patient day is counted. The statistical tables contain patient days attributable only to those patients who have separated.

Rate of Payment. The amount the Plan pays a hospital for standard ward level care and outpatient services which the hospital provides to the Plan's beneficiaries (paid in equal semi-monthly installments).

Rated Bed Capacity. The maximum number of beds which, according to the Minister of Health, should be set up in the hospital on the basis of established standards of floor area per bed.

Regional Hospital. A general hospital which serves as a district or community hospital for the local population. It provides a wider range of services than a district or community hospital and therefore serves as a referral hospital for persons outside its local area.

Rehabilitation and Extended Care Hospital. A hospital which provides facilities for the treatment, recovery, and rehabilitative care of patients disabled by illness or injury, or for the prolonged treatment of patients with chronic or long-term conditions.

Separation. The discharge or death of an inpatient.